

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

<i>In re</i> Boy Scouts of America and Delaware BSA, LLC, ¹ Debtors.	Chapter 11 Bankruptcy Case No. 20-10343 (LSS) (Jointly Administered)
National Union Fire Insurance Co. of Pittsburgh, PA, <i>et al.</i> , Appellants. v. Boy Scouts of America and Delaware BSA, LLC, <i>et al.</i> , Appellees.	Lead Case No. 22-cv-01237-RGA Consolidated Case Nos. 22-cv-01238-RGA; 22-cv-01239-RGA; 22-cv-01240-RGA; 22-cv-01241-RGA; 22-cv-01242-RGA; 22-cv-01243-RGA; 22-cv-01244-RGA; 22-cv-01245-RGA; 22-cv-01246-RGA; 22-cv-01247-RGA; 22-cv-01249-RGA; 22-cv-01250-RGA; 22-cv-01251-RGA; 22-cv-01252-RGA; 22-cv-01258-RGA; 22-cv-01263-RGA

**DEBTORS-APPELLEES' APPENDIX TO CONSOLIDATED ANSWERING
BRIEF: VOLUME 14 (SA 3317 THROUGH SA 3521)**

Dated: December 7, 2022

¹ The Debtors, together with the last four digits of each Debtor's federal tax identification number, are as follows: Boy Scouts of America (6300); and Delaware BSA, LLC (4311). The Debtors' mailing address is 1325 West Walnut Hill Lane, Irving, Texas 75038.

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Counsel for Debtors-Appellees and Debtors in Possession

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² The following documents cannot be filed on the Court’s docket due to their size or file format. The Appellees will make these documents available to the Court and the parties. For purposes of citing these documents in the Debtors-Appellees’ Consolidated Answering Brief, the Appellees have assigned these documents appendix page numbers in accordance with the “SA___” convention.

Wilson Allen
25-0780

Named Insured and Address

This endorsement forms a part of Policy No. **10 CA 43303**
issued by THE HARTFORD INSURANCE GROUP company design-
ated therein, and takes effect as of the effective date of said policy
unless another effective date is stated herein.

Boy Scouts of America
Route # 1
North Brunswick, N.J.

Effective date..... *1-1-72*

Effective hour is the same as stated in the Declarations of
Policy.

**In consideration of the additional premium of \$2,718.20 it is
agreed that the policy is extended to provide coverage for
councils in accordance with Report No. 1 which is for the
period January 1 to January 15, 1972.**

1-1-72 to 1-1-72
BJ 1,900
PIS 815

ADDITIONAL PREMIUM: \$2,718.20

(7)
[Signature]

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other
than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes
effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy
by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



THE HARTFORD
INSURANCE GROUP
HARTFORD, CONNECTICUT

3/3/72

**The company located these documents in its
business records. At this time, the company
does not certify that these documents constitute
a complete and accurate copy of the policy.**
Countersigned by.....
Authorized Agent

Form G-2240-0 A Printed in U. S. A. 2-64

FIS 290 JUN 72

Effective Dates	Premium	Comm.	Effective Dates	Premium	Comm.
1-72	451.30	050	(10)		

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

RISK
CARD
MGR

Form OA-448-0 Printed in U. S. A. 7-'71

BOY SCOUTS OF AMERICA
 COMPREHENSIVE GENERAL LIABILITY
 REPORT # 2
 PERIOD: 1/16/72 - 2/15/72

POLICY # 10 CA 43303

Rates

B1 PD Ann.

NAME OF COUNCIL	REG. & COUNCIL #	LOCATION	TOTAL MEMBERSHIP	EFF. DATE	PREMIUM
Missouri Valley Council	10 - 432	Bismark, N. D.	5,372	1/17/72	1,070.53 537.20
San Mateo County Council	12 - 020	San Mateo, Calif	16,436	1/19/72	1,506.03 1,643.60
Johnny Appleseed Area Council	04 - 453	Mansfield, Ohio	7,543	1/22/72	691.16 754.30
Old Dominion Area Council	03 - 601	Suffolk, Va.	3,861	1/23/72	352.78 386.10
Yosemite Area Council	12 - 059	Modesto, Calif.	10,919	1/25/72	1,000.51 1,091.90
Central West Va. Council	04 - 616	Clarksburg, West Va.	3,944	1/25/72	361.39 394.40
Quinnipiac Council	01 - 074	Hamden, Conn.	13,981	2/1/72	1,281.08 1,395.10
South Florida Council	06 - 084	Miami, Fla.	36,832	2/8/72	3,374.92 3,683.20
Evangeline Area Council	05 - 212	Lafayette, La.	8,472	2/1/72	776.29 847.20
Chisholm Trail Council, Inc.	09 - 561	Abilene, Texas	4,724	2/15/72	432.86 472.40
Philadelphia Council	03 - 525	Philadelphia, Pa.	40,863	2/1/72	3,744.28 4,086.30
Redwood Area Council	12 - 044	Eureka, Calif.	5,191	2/6/72	475.63 519.10
Detroit Area Council	07 - 262	Detroit, Michigan	106,598	2/13/72	9,767.57 12,617.80
Mobile Area Council	05 - 004	Mobile, Alabama	8,081	2/1/72	740.46 808.10
Washington Trail Council	03 - 511	Erie, Pa.	11,444	1/16/72	1,048.61 1,144.40

12
 The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

REPORT # 2 (CONTINUED)

Policy # 10 CA 43303

- 2 -

NAME OF COUNCIL	REG. & COUNCIL #	LOCATION	TOTAL MEMBERSHIP	EFF. DATE	PREMIUM
Lawrence County Council	03 - 520	New Castle Pa.	3,635	2/1/72	\$ 333.08
Monmouth Council	02 - 347	Oakhurst, N. J.	17,252	2/1/72	1,580.80
Hiawathaland	07 - 261	Marquette, Mich.	6,654	2/1/72	609.71
Lonesome Pine Council	04 - 203	Pikeville, Ky.	2,870	2/1/72	262.98
Burlington County	02 - 690	Willingboro, N. J.	11,320	2/1/72	1,037.25
Total			325,992		\$ 29,870.65

Handwritten notes:
 Rates Ann
 31 PS
 07.03
 363.50
 1,775.20
 665.40
 287.00
 1,132.00
 32,599.20

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Wilson & Allen
25-0780

Named Insured and Address

This endorsement forms a part of Policy No. **10 CA 43303**
issued by THE HARTFORD INSURANCE GROUP company design-
ated therein, and takes effect as of the effective date of said policy
unless another effective date is stated herein.

Boy Scouts of America
Route No. 1
North Brunswick, N.J.

1-1-72 to 73

Effective date.....

2/1/72 ✓

Effective hour is the same as stated in the Declarations of the
Policy.

In consideration of the additional premium of \$29,870.65 it is
agreed that the policy is extended to provide coverage for
councils in accordance with report No. 2 which is for the period
January 16 to February 15, 1972.

AMPB \$20,909.45
MPND 8,961.20

ADDITIONAL PREMIUM: \$29,870.65

(13)

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other
than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes
effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy
by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



THE HARTFORD
INSURANCE GROUP
HARTFORD, CONNECTICUT

4/6/72

The company located these documents in its
business records. At this time, the company
does not certify that these documents constitute
a complete and accurate copy of the policy.

Countersigned by

Authorized Agent

Form G-2240-0 A Printed in U. S. A. 2-'64

11840

31. P15

Ann Prem 22,819.44 9,779.76

P/R Fig 9163

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

14

FIS 290 JUN 72

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

BOY SCOUTS OF AMERICA
POLICY # 10 CA 43303
REPORT # 5 (Cont'd.)

<u>CERT. #</u>	<u>REG. & CO.</u>	<u>COUNCIL NAME</u>	<u>LOCATION</u>	<u>MEMBERSHIP</u>	<u>EFEC. DATE</u>	<u>PREMIUM</u>
229	04-441	Central Ohio	Columbus, Ohio	30,086	4/30/72	\$ 2,004.93
230	07-626	Sinnissippi Council	Beloit, Wisc.	8,490	4/28/72	565.77
231	02-355	Alhtaha Council	Wayne, N.J.	9,970	5/11/72	664.40
232	12-038	Silverado Area	Vallejo, Calif..	6,022	4/28/72	401.31
236	11-313	Vigilante Council	Butte, Montana	2,921	5/1/72	194.66
237	02-341	Ocean County	Tom's River, N.J.	6,447	5/11/72	429.63
238	03-512	Westmoreland-Fayette	Greensburg, Pa.	<u>13,357</u>	5/14/72	<u>890.11</u>
		TOTALS		205,549		\$13,697.79

27

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

BOY SCOUTS OF AMERICA
 COMPREHENSIVE GENERAL LIABILITY
 POLICY # 10 CA 43303
 REPORT # 5
 EFEC. 4/16/72 - 5/15/72

CERT. #	REG. & CO.	COUNCIL NAME	LOCATION	MEMBERSHIP	EFEC. DATE	PREMIUM
180	07-269	Land O'Lakes	Jackson, Mich.	6,072	4/24/72	\$ 404.64
181	09-580	Netseo Trails	Paris, Texas	4,655	4/19/72	310.21
183	05-213	Quachita Valley	Monroe, La.	6,385	4/28/72	425.50
185	12-639	Jim Bridger	Rock Springs, Wyo.	2,259	5/1/72	150.54
193	07-751	Northwest Suburban	Arlington Hts., Ill.	23,616	5/13/72	1,573.77
201	08-308	Ozarks Council	Springfield, Mo.	10,259	5/1/72	683.66
203	03-544	York Adams Area	York, Pa.	12,420	5/11/72	827.67
207	01-071	Central Connecticut	Meriden, Conn.	4,462	5/14/72	297.35
208	01-246	Norumbega Council	Waban, Mass.	4,488	5/1/72	299.08
209	11-614	Fort Simcoe	Yukima, Wash.	4,960	5/7/72	330.53
210	02-354	Aheka	Clifton, N.Y.	3,898	4/25/72	259.76
220	07-138	Creve Couer	Peoria, Ill.	14,812	5/1/72	987.07
222	07-148	Du Page Area	Wheaton, Ill.	17,128	4/29/72	1,141.41
225	02-331	Atlantic Area	Atlantic City, N.J.	3,726	5/5/72	248.30
226	06-801	Canal Zone	Balboa, Canal Zone	3,116	5/1/72	207.65
228	01-097	Chehaw Council	Albany, Georgia	6,000	4/23/72	399.84

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

DAILY REPORT for use with CASUALTY INSURANCE POLICY Form 8089, and DECLARATION Form A-2135-0

COMPANY COPY

1. [] Hartford Fire Insurance Co.
 2. [] Hartford Accident and Indemnity Co.
 3. [] Citizens Insurance Co. of New Jersey
 4. [] New York Indemnity Insurance Co.
 5. [] Northwestern Underwriters of Citizens
 6. [] Twin City Fire Insurance Co.

INSURER → Co. Code
 5
 Previous Policy No.
 NEW

POLICY NO. 10 C A43303

BOY SCOUTS OF AMERICA
 ROUTE #1
 NORTH BRUNSWICK, N J

DECLARATIONS

Items

1. Named Insured and Address

The named insured is: ☐ Individual ☐ Partnership ☒ Corporation
☐ Joint Venture ☐ Other

2. Policy Period From

Producer's Name and Address

Agent Code

WILSON & ALLEN
 200 PARK AVENUE
 NEW YORK, N Y

250480

1172 To 1173

12:01 A.M., standard time at the address of the named insured as stated herein.

Audit Period: Annual, unless otherwise stated.

☐ Semi-Annual
☒ Quarterly
☐ Monthly

3. The advance premium for this policy is as stated below. Insurance is afforded by the Coverage Parts forming a part hereof, subject to such limits of liability as are stated therein and subject to all the terms of the policy having reference thereto.

SUMMARY OF ADVANCE PREMIUMS

COVERAGE PARTS	ADVANCE PREMIUM
Comprehensive General Liability Insurance	\$ 32,540.00
Comprehensive Automobile Liability Insurance	\$
Automobile Medical Payments Insurance	\$
Uninsured Motorists Insurance	\$
Automobile Physical Damage Insurance	\$
Premises Medical Payments Insurance	\$
Contractual Liability Insurance	\$
Personal Injury Liability Insurance	\$
Garage Insurance	\$
	\$
	\$

Form Numbers of Coverage Parts and endorsements not listed on Coverage Parts forming part of Policy at issue:

L3334-0

G2240-0-B (COMP RT END'T) AL-8-0-B (SL) G2240-0-B (PREM)

TOTAL
ADVANCE
PREMIUM

\$ 32,540.00

If Policy Period more than one year: Gross Premium \$

Discount \$ PAYMT)

Net Premium \$

Premium is payable: On effective date of Policy \$

1st Anniversary \$

2nd Anniversary \$

4. Business of the named insured is

EDUCATION DEVELOPMENT

5. During the past 3 years no Insurer has cancelled insurance, issued to the named insured, similar to that afforded hereunder unless otherwise stated herein.

1 15 DS/1 18 FO

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form A-2135-0 CDR Printed in U. S. A. 6-66

Named Insured and Address

1-1-72-73

Wilson + Allen # 250480

This endorsement forms a part of Policy No. **10 CA 43303** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

**Boy Scouts of America
Route No. 1
North Brunswick, N. J.**

Effective date

~~6/14/72~~ 5-16-72

Effective here is the same as stated in the Declarations of the Policy.

of the additional premium of \$21,573.77 it is agreed that the policy is extended to provide coverage for councils in accordance with Report No. 6 which is for the period 5/16/72 to 6/15/72.

ADDITIONAL PREMIUM \$21,573.77

BT-15,10264
PD-6,472.13

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



6/19/72

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form G-2240-0 A Printed in U. S. A. 2-'64

Wilson - Allen
25-0780

This endorsement forms a part of Policy No. 10 CA 43303 issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

Boy Scouts of America
Route No. 1
North Brunswick, N.J.

Effective date 1/1/72

Effective hour is the same as stated in the Declarations of the Policy.

That the membership figures for the following councils
are as follows:

COUNCIL	Membership Shown as	Should be
Bayonne	1,762	1,963
Cornhusker	12,122	11,284
Gulf Stream	8,558	8,701
Sunny Land	4,513	4,775
Wyo Braska	5,000	4,787
George Rogers Clark	4,950	5,395
Custaloga	4,406	4,650
Katahdin	8,400	10,027
Santa Fe Trail	4,106	4,442
Colonel Drake	3,554	3,806
Dan Beard	41,874	43,928
	99,245	103,758
ADDITIONAL MEMBERSHIP:	4,513	
ADDITIONAL PREMIUM	\$451.30	

(9)

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



THE HARTFORD
INSURANCE GROUP
HARTFORD, CONNECTICUT

4/6/72

The company located these documents in its business records. At this time the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form G-2240-0 B Printed in U. S. A. 2-64

Confidential - Subject to Protective
Order

HFBKPLAN016336

SA 3329

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43303**
 issued by THE HARTFORD INSURANCE GROUP company
 designated therein, and takes effect as of the effective date of said
 policy unless another effective date is stated herein.

Effective date..... Effective hour is the same as stated in the Declarations of the
 Policy.

COMPOSITE RATE ENDORSEMENT**BASIS OF PREMIUM - PER MEMBER**

	C/R	EXPOSURE	PREMIUM
BI	.07	325,402	\$22,778.00
PD	.03	325,402	9,762.00
			"
			\$32,540.00

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form G-2240-0 B Printed in U. S. A. 2-'64'

The company located these documents in its
 business records. At this time, the company
 does not certify that these documents constitute
 a complete and accurate copy of the policy.

Confidential - Subject to Protective
 Order

HFBKPLAN016337

SA 3330

C0

250480 Wilson - Allen

Pd dates 1-1-72-73
Named Insured and Address

This endorsement forms a part of Policy No. **10CA43303** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Boy Scouts of America
Route No. 1
North Brunswick, New Jersey

Effective date..... Effective hour is the same as stated in the Declarations of the Policy.

In consideration of an additional premium of \$2,718.57 it is agreed that the policy is extended to provide coverage for councils in accordance with Report No.9 typed 10/16/72.

ADDITIONAL PREMIUM: \$2,718.57

219.00 BF
215.00 PD

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



THE HARTFORD
INSURANCE GROUP
HARTFORD, CONNECTICUT

10/16/72

Producer: Wilson & Allen

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Countersigned by

Authorized Agent

Form G-2240-0 A Printed in U. S. A. 2-64

Named Insured and Address

This endorsement forms a part of Policy No.
issued by THE HARTFORD INSURANCE GROUP company
designated therein, and takes effect as of the effective date of said
policy unless another effective date is stated herein.

Effective date..... Effective hour is the same as stated in the Declarations of the
Policy.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form G-2246-0 B Printed in U. S. A. 2-'64

The company located these documents in its
business records. At this time, the company
does not certify that these documents constitute
a complete and accurate copy of the policy.



1 Hartford
2 Hartford
3 Hartford

4 Hartford
5 Hartford
6 Hartford

7 New York Underwriters Insurance Company
8 Twin City Fire Insurance Company

The INSURER shall be the Company designated herein by Co. Code:

DECLARATIONS

Items

1. Named Insured and Address

The named insured is: ☐ Individual ☐ Partnership ☐ Joint Venture ☐ Other

2. Policy Period

Producer's Name and Address

WILSON AND ALLEN INC
200 PARK AVE
NEW YORK N Y 10017

Agent Code

25-0480

Annual premium: Annual time at the address of the named insured as stated

☐ Semi-Annual
☐ Quarterly
☐ Monthly

Premium for this policy is as stated below. Insurance is afforded by the Coverage Parts forming a part hereof, its of liability as are stated therein and subject to all the terms of the policy having reference thereto.

SUMMARY OF ADVANCE PREMIUMS

PARTS

	ADVANCE PREMIUM
Comprehensive General Liability Insurance	\$ 16,700.00
Comprehensive Automobile Liability Insurance	\$ 2,805.00
Automobile Medical Payments Insurance	\$ 337.00
Uninsured Motorists Insurance	\$ 40.00
Automobile Physical Damage Insurance	\$ 250.00
Premises Medical Payments Insurance	\$
Contractual Liability Insurance	\$ INCLUDED
Personal Injury Liability Insurance	\$ INCLUDED
Garage Insurance	\$ 1,000.00
	\$

Form Numbers of Coverage Parts and endorsements not listed on Coverage Parts forming part of Policy at issue:

SEE FORM AL B O C

TOTAL
ADVANCE
PREMIUM

\$ 21,220.00

If Policy Period more than one year: Gross Premium \$

Discount \$

Net Premium \$

Premium is payable: On effective date of Policy \$

1st Anniversary \$

2nd Anniversary \$

4. Business of the named insured is

EDUCATIONAL DEVELOPMENT

5. During the past 3 years no Insurer has cancelled insurance, issued to the named insured, similar to that afforded hereunder unless otherwise stated herein.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Paul Carson-Walker

Form AL-51-B DR Printed in U. S. A.

CONFIDENTIAL

JTX-4000-9

HARTFORD000443

Confidential - Subject to Protective Order

HFBKPLAN015024

SA 3333

COMPANY COPY

DAILY REPORT for use with CAY INSURANCE POLICY Form #117, and DECLARATIONS Page Form AL-51-0

THE HARTFORD INSURANCE CO. OF CONNECTICUT

(1) Hartford Fire Insurance Co.
(2) Hartford Accident and Indemnity Co.
(3) Hartford Casualty Insurance Co.
(4) New York Underwriters Insurance Co.
(5) Twin City Fire Insurance Co.

Filing	Annual	Monthly	Participating
Prem. Finance	Semi-Annual	Bureau	Retro
Risk Card	Quarterly	Loss Control	Reinsurance

INSURER → **5**

Previous Policy No. **10 C A43324**

DECLARATIONS

Items

1. Named Insured and Address

The named insured is: ☐ Individual ☐ Partnership ☒ Corporation ☐ Joint Venture ☐ Other

2. Policy Period

From **1 1 75** To **1 1 76**

12:01 A. M., standard time at the address of the named insured as stated herein.

Audit Period: Annual, unless otherwise stated. ☐ Semi-Annual ☐ Quarterly ☐ Monthly

12:01 A. M., standard time at the address of the named insured as stated herein.

Audit Period: Annual, unless otherwise stated. ☐ Semi-Annual ☐ Quarterly ☐ Monthly

3. The advance premium for this policy is as stated below. Insurance is afforded by the Coverage Parts forming a part hereof, subject to such limits of liability as are stated therein and subject to all the terms of the policy having reference thereto.

SUMMARY OF ADVANCE PREMIUMS

COVERAGE PARTS	ADVANCE PREMIUM
Comprehensive General Liability Insurance	\$ 16,744.00
Comprehensive Automobile Liability Insurance	\$ 2,805.00
Automobile Medical Payments Insurance	\$ 337.00
Uninsured Motorists Insurance	\$ 44.00
Automobile Physical Damage Insurance	\$ 290.00
Premises Medical Payments Insurance	\$
Contractual Liability Insurance	\$ INCLUDED
Personal Injury Liability Insurance	\$ INCLUDED
Garage Insurance	\$ 1,000.00
	\$
	\$

Form Numbers of Coverage Parts and endorsements not listed on Coverage Parts forming part of Policy at issue: **SEE FORM AL 8 0 C**

TOTAL ADVANCE PREMIUM	21,220.00
-----------------------	------------------

If Policy Period more than one year: Gross Premium \$ **21,220.00**

Discount \$ **0.00**

Net Premium \$ **21,220.00**

Premium is payable: On effective date of Policy \$ **21,220.00**

1st Anniversary \$ **0.00**

2nd Anniversary \$ **0.00**

4. Business of the named insured is **EDUCATIONAL DEVELOPMENT**

5. During the past 3 years no Insurer has cancelled insurance, issued to the named insured, similar to that afforded hereunder unless otherwise stated herein.

Form AL-51-0 CDR Printed in U. S. A.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000444

Confidential - Subject to Protective Order

HFBKPLAN015025

SA 3334

GENERAL LIABILITY
Amendatory Endorsement — Notice
(TEXAS)



THE HARTFORD

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE
COMPREHENSIVE PERSONAL INSURANCE
CONTRACTUAL LIABILITY INSURANCE
FARMER'S COMPREHENSIVE PERSONAL INSURANCE
FARM EMPLOYERS' LIABILITY AND FARM EMPLOYEES'
MEDICAL PAYMENTS INSURANCE
FARMERS MEDICAL PAYMENTS INSURANCE
MANUFACTURERS' AND CONTRACTORS' LIABILITY INSURANCE
OWNERS', LANDLORDS' AND TENANTS' LIABILITY INSURANCE
PREMISES MEDICAL PAYMENTS INSURANCE
STOREKEEPER'S INSURANCE
HOSPITAL PROFESSIONAL LIABILITY INSURANCE

As respects *bodily injury* liability coverage and *property damage* liability coverage, unless the company is prejudiced by the *insured's* failure to comply with the requirement, any provision of this policy requiring the *insured* to give notice of action, occurrence or loss, or requiring the *insured* to forward demands, notices, summons or other legal process, shall not bar liability under this policy.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy other than as herein stated.

This endorsement forms a part of the policy, issued by THE HARTFORD INSURANCE GROUP company designated therein, which indicates an endorsement forms a part thereof, and takes effect as of the effective date of said policy.

attest

The company located the *[Signature]* business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

L-3600-D Printed in U.S.A. (ISO-G525)

CONFIDENTIAL

HARTFORD000445

Confidential - Subject to Protective
Order

HFBKPLAN015026

SA 3335

RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



☒ 1 Hartford Fire Insurance Company
☒ 2 Hartford Accident and Indemnity Company
☒ 3 Citizens Insurance Company of New Jersey

☒ 4 New York Underwriters Insurance Company
☒ 5 Twin City Fire Insurance Company

This Endorsement forms a part of ☒ Policy No. ☐ *Bond No. **10 C A43342E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL
NORTH BRUNSWICK N J

Effective date **1 1 75**

Effective hour is the same as stated in the Declarations of the Policy.

*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued
WISC

Producing Agent or Broker
WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
5	Bodily Injury	\$ 303.00 ^{57.00}		General Liability	\$
5	Medical Payments	\$ 55.00 ^{58.00}		Workmen's Compensation	\$
5	Property Damage	\$ 129.00 ^{12.00}		Burglary	\$
5	Comprehensive	\$ 73.00 ^{69.00}		Glass	\$
5	Collision	\$		Bond	\$
5	Other (specify) UM	\$ 9.00 ✓		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by: (Resident Agent)

Form G-1760-7 Printed in U. S. A. 6-70

CONFIDENTIAL

HARTFORD000446

Confidential - Subject to Protective
 Order

HFBKPLAN015027

SA 3336

8 also Regional Office
P.O. Box 927, Dallas, Tex. 75221

COUNTERSIGNATURE MEMO

Insured BOY SCOUTS OF AMERICA NATIONAL COUNCIL RT #1 NORTH BRUNSWICK N J		Address	
Company Office MANHATTAN	Co. Code 5	Policy No. 10 C A43342E	Expiration 1 1 78
Date 2-24-75			

Name and Address of Producer

Please show Countersigning Agent preferred, if any, in block below.

Name and Address of Countersigning Agent

WILSON AND ALLEN INC
200 PARK AVE
NEW YORK N Y 10017

PRODUCER —

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are glad to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fee. The countersigning fee should be remitted directly to the Countersigning Agent.

Please enter the premium less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

States of Insured's Operations	Non-Resident License, if any	
	Number	Name of Licensee
NEW MEXICO	419	<i>Fred C. Wilson</i>

If not licensed, is same desired? ☐ Yes ☐ No. If "Yes", which State?

Producer's Rate of Commission **AL 15%**

10.0

Premium **1978.00**

4298.00

5706.00

Form G-2669-0 Printed in U. S. A. 8-67

COMPANY OFFICE OF PRODUCER

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000447

HFBKPLAN015028

SA 3337

RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



Code ☐ Hartford Fire Insurance Company
☒ Hartford Accident and Indemnity Company
☒ Citizens Insurance Company of New Jersey

Code ☒ New York Underwriters Insurance Company
☒ Twin City Fire Insurance Company

This Endorsement forms a part of ☐ Policy No. ☐ Bond No. **10 C A43342E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

BOYSCOUTS OF AMERICA NATIONAL COUNCIL
NORTH BRUNSWICK NJ

1175

Effective date..... Effective hour is the same as stated in the Declarations of the Policy.

*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

NEW MEXICO

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
5	Bodily Injury	\$ 644.00	5	General Liability	\$ 5906.00 1298.00
5	Medical Payments	\$ 874.00		Workmen's Compensation	\$
5	Property Damage	\$ 184.00		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
5	Other (specify) UM	\$ 276.00		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, does not certify that these documents constitute a complete and accurate copy of the policy.

Agency Location

Countersigned by

Form G-1760-7 Printed in U. S. A. 6-70

CONFIDENTIAL

HARTFORD000448

Confidential - Subject to Protective Order

HFBKPLAN015029

SA 3338

Oklahoma City Regional Office
1200 Cravena Blvd

COUNTERSIGNATURE MEMO *Oklahoma City Okla 7/31/83*

Insured BOY SCOUTS OF AMERICA NATIONAL COUNCIL		Address RT #1 NORTH BRUNSWICK N J	
Company Office MANHATTAN	Co. Code 5	Policy No. 10 C A43342E	Expiration 1 1 76-77
		Date 2-24-75	

Please show Countersigning Agent preferred, if any, in block below.

Name and Address of Countersigning Agent

WILSON AND ALLEN INC
200 PARK AVE
NEW YORK N Y 10017

PRODUCER —

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are glad to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fees. The countersigning fee should be remitted directly to the Countersigning Agent.

Please enter the premium, less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

States of Insured's Operations	Non-Resident License, if any	
	Number	Name of Licensee
OKLAHOMA		

If not licensed, is same desired? ☐ Yes ☐ No. If "Yes", which State

Producer's Rate of Commission **10.0** Premium

1149.00
2100.00

Form G-2669-0 Printed in U. S. A. 8-67

COMPANY OFFICE OF PRODUCER

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000449

HFBKPLAN015030

SA 3339

RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



☐ 1 Hartford Fire Insurance Company
☐ 2 Hartford Accident and Indemnity Company
☐ 3 Citizens Insurance Company of New Jersey

☐ 4 New York Underwriters Insurance Company
☐ 5 Twin City Fire Insurance Company

This Endorsement forms a part of ☒ Policy No. **10 C A43342E** ⁹
 issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL
NORTH BRUNSWICK N J

1 1 75 76

Effective date..... Effective hour is the same as stated in the Declarations of the Policy.

*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

OKLA

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
	Bodily Injury	\$	5	General Liability	\$ 2100.00 1149.00
	Medical Payments	\$		Workmen's Compensation	\$
	Property Damage	\$		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
	Other (specify)	\$		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, far as concerns that portion of the Risk located in the State named above:

Agency Location

Countersigned by

Form G-1760-7 Printed in U. S. A. 6-70

CONFIDENTIAL

HARTFORD000450

Confidential - Subject to Protective Order

HFBKPLAN015031

SA 3340

Houston Regional Office
the main file
 COUNTERSIGNATURE MEMO *1212 Main St. Houston, TX 77002*

BOY SCOUTS OF AMERICA NATIONAL COUNCIL RT #1 NORTH BRUNSWICK N J				
Company Office MANHATTAN	Co. Code 5	Policy No. 10 C A43342E	Expiration 1 1 76	Date 2-24-75
Name and Address of Producer				

Please show Countersigning Agent preferred, if any, in block below.

Name and Address of Countersigning Agent

WILSON AND ALLEN INC
200 PARK AVE
NEW YORK N Y 10017

PRODUCER —

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are glad to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fees. The countersigning fee should be remitted directly to the Countersigning Agent.

Please enter the premium, less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

States of Insured's Operations	Non-Resident License, if any	
	Number	Name of Licensee
TEXAS	4996	<i>Fred C. Wilson</i>

If not licensed, is same desired? ☐ Yes ☐ No. If "Yes", which State?

Producer's Rate of Commission **10.00** Premium **48.00**

Form G-2649-0 Printed in U. S. A. 8-67

64.00
COMPANY OFFICE OF PRODUCER

the company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000451

HFBKPLAN015032

SA 3341

RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



Co. Code ☐ 1 Hartford Fire Insurance Company
☐ 2 Hartford Accident and Indemnity Company
☒ 3 Citizens Insurance Company of New Jersey

Co. Code ☐ 6 New York Underwriters Insurance Company
☐ 7 Twin City Fire Insurance Company

This Endorsement forms a part of ☒ Policy No. ☐ Bond No. **10 C A43342E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL
NORTH BRUNSWICK N J

1 1 75

Effective date..... Effective hour is the same as stated in the Declarations of the Policy.

*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

TEXAS

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
	Bodily Injury	\$	5	General Liability	\$ 48.00 64.00
	Medical Payments	\$		Workmen's Compensation	\$
	Property Damage	\$		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
	Other (specify)	\$		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by (Name and Title)

Form G-1760-7 Printed in U. S. A. 6-70

CONFIDENTIAL

HARTFORD000452

Confidential - Subject to Protective
Order

HFBKPLAN015033

SA 3342

Milwaukee Reg. Office
PO Box 90379

COUNTERSIGNATURE MEMO MILWAUKEE REG OFFICE *Wis. 53207*

Insured **BOY SCOUTS OF AMERICA NATIONAL COUNCIL RT #1 NORTH BRUNSWICK N J** Address

Company Office **MANHATTAN** Co. Code **5** Policy No. **10 C A43342E** Expiration **1 1 76** Date **2-21-75**

Name and Address of Producer

Please show Countersigning Agent preferred, if any, in block below.

Name and Address of Countersigning Agent

WILSON AND ALLEN INC
200 PARK AVE
NEW YORK N Y 10017

PRODUCER —

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are glad to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fees. The countersigning fee should be remitted directly to the Countersigning Agent.

Please enter the premium, less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

States of Insured's Operations	Non-Resident License, if any	
	Number	Name of Licensee
WISC		

If not licensed, is same desired? ☐ Yes ☐ No. If "Yes", which State?

Producer's Rate of Commission **15%** Premium **195-00**
~~569-00~~

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form G-2669-0 Printed in U. S. A. 8-67

COMPANY OFFICE OF PRODUCER

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000453

HFBKPLAN015034

SA 3343

RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



Co. Code ☐ 1 Hartford Fire Insurance Company
☒ 5 Hartford Accident and Indemnity Company
☐ 3 Citizens Insurance Company of New Jersey

Co. Code ☐ 6 New York Underwriters Insurance Company
☒ 7 Twin City Fire Insurance Company

This Endorsement forms a part of ☒ Policy No. **10 C A43342E** ☐ *Bond No. issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL

NORTH BRUNSWICK N J

Effective date **1175**

Effective hour is the same as stated in the Declarations of the Policy.

*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

NJ

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
5	Bodily Injury	\$ 1043.00 192.00	5	General Liability	\$ 7870.00 8292.00
5	Medical Payments	\$ 248.00 467.00		Workmen's Compensation	\$
5	Property Damage	\$ 729.00 61.00		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$ 26.00 32.00		Bond	\$
5	Other (specify) UM PIP	\$ 12.00 6.00		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, does not constitute a complete and accurate copy of the policy.

Agency Location

Countersigned by: Resident Agent

Form G-1760-7 Printed in U. S. A. 6-70

CONFIDENTIAL

HARTFORD000454

Confidential - Subject to Protective Order

HFBKPLAN015035

SA 3344

RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT

THE HARTFORD
INSURANCE GROUP
HARTFORD, CONNECTICUT
☐ 11 Hartford Fire Insurance Company
☒ 12 Hartford Accident and Indemnity Company
☐ 13 Citizens Insurance Company of New Jersey

☐ 6 New York Underwriters Insurance Company
☒ 7 Twin City Fire Insurance Company
☐ 8

This Endorsement forms a part of ☒ Policy No. ☐ *Bond No. ☐ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

10 C A43342E

Named Insured and Address
BOY SCOUTS OF AMERICA NATIONAL COUNCIL
NORTH BRUNSWICK N J

1 1 75

Effective date.....

Effective hour is the same as stated in the Declarations of the Policy.

*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

MINNESOTA

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
5	Bodily Injury	\$ 47.00 23.00		General Liability	\$
	Medical Payments	\$		Workmen's Compensation	\$
5	Property Damage	\$ 35.00 4.00		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$ 3.00 3.00		Bond	\$
5	Other (specify) PIP UM	\$ 3.00 ✓		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, does not constitute a representation that the company located these documents in its files as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by (Print Name)

Form G-1760-7 Printed in U. S. A. 6-70

CONFIDENTIAL

HARTFORD000455

Confidential - Subject to Protective Order

HFBKPLAN015036

SA 3345

6800 Francis Ave. So. Edina, Minn. 55438

COUNTERSIGNATURE MEMO MINNEAPOLIS REG OFFICE

Insured	Address		
BOY SCOUTS OF AMERICA NATIONAL COUNCIL	RT #1 NORTH BRUNSWICK N J		
Company Office	Co. Code	Policy No.	Expiration Date
MANHATTAN	5	10 C A43342B	11 76
		Date <i>2-21-75</i>	

Please show Countersigning Agent preferred, if any, in block below.

Name and Address of Countersigning Agent

Name and Address of Producer

WILSON AND ALLEN INC
200 PARK AVE
NEW YORK N Y 10017

PRODUCER —

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are glad to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fees. The countersigning fee should be remitted directly to the Countersigning Agent.

Please enter the premium, less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

States of Insured's Operations	Non-Resident License, if any	
	Number	Name of Licensee
MINNESOTA	086498	FRED C WILSON

If not licensed, is same desired? ☐ Yes ☐ No. If "Yes", which State?

Producer's Rate of Commission *15* % Premium *33.00*
92.00

Form G-2649-0 Printed in U. S. A. 8-67

COMPANY OFFICE OF PRODUCER

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000456

HFBKPLAN015037

SA 3346

RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



☐ Hartford Fire Insurance Company
☒ Hartford Accident and Indemnity Company
☒ Citizens Insurance Company of New Jersey

☐ New York Underwriters Insurance Company
☒ Twin City Fire Insurance Company

This Endorsement forms
 a part of ☐ Policy No. ☐ Bond No. **10 C A43342B**
 issued by THE HARTFORD INSURANCE GROUP company des-
 ignated therein, and takes effect as of the effective date of said policy
 unless another effective date is stated herein.

Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL

NORTH BRUNSWICK N J

1175

Effective date

Effective hour is the same as stated in the Declarations of the Policy.

*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued
MAINE

Producing Agent or Broker
WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
5	Bodily Injury	\$ 164.00 42.00		General Liability	\$
5	Medical Payments	\$ 34.00 48.00		Workmen's Compensation	\$
5	Property Damage	\$ 104.00 12.00		Burglary	\$
5	Comprehensive	\$ 198.00 796.00		Glass	\$
5	Collision	\$		Bond	\$
5	Other (specify) UM	\$ 2.00 2.00		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, does not certify that these documents constitute a complete and accurate copy of the policy.

Agency Location

Countersigned by

Form G-1760-7 Printed in U. S. A. 6-70

CONFIDENTIAL

HARTFORD000457

Confidential - Subject to Protective
Order

HFBKPLAN015038

SA 3347

Portland Office
One Monument Sq.

COUNTERSIGNATURE MEMO PORTLAND OFFICE *Portland, Maine 04111*

Insured	Address		
BOY SCOUTS OF AMERICA NATIONAL COUNCIL RT #1 NORTH BRUNSWICK N J			
Company Office	Co. Code	Policy No.	Expiration
MANHATTAN	5	10 C A43342E	1 1 78
Date 2-21-75			
Name and Address of Producer			

Please show Countersigning Agent preferred, if any, in block below.

Name and Address of Countersigning Agent

WILSON AND ALLEN INC
200 PARK AVE
NEW YORK N Y 10017

States of Insured's Operations	Non-Resident License, If any	
	Number	Name of Licensee
MAINE		

PRODUCER —

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are glad to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fees. The countersigning fee should be remitted directly to the Countersigning Agent.

Please enter the premium, less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

If not licensed, is same desired? ☐ Yes ☐ No. If "Yes", which State?

Producer's Rate of Commission **15** % Premium

307.00
\$506.00

Form G-2669-0 Printed in U. S. A. 8-67 *initial*

COMPANY OFFICE OF PRODUCER

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000458

HFBKPLAN015039

SA 3348

RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



☐ 1 Hartford Fire Insurance Company
☐ 2 Hartford Accident and Indemnity Company
☐ 3 Citizens Insurance Company of New Jersey

☐ 4 New York Underwriters Insurance Company
☐ 5 Twin City Fire Insurance Company

This Endorsement forms a part of ☒ Policy No. **10 C A43342E** ⁹
 issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL
NORTH BRUNSWICK N J

11/75/4

Effective date..... Effective hour is the same as stated in the Declarations of the Policy.

*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

INDIANA

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
	Bodily Injury	\$	5	General Liability	\$ 7.00 20.00
	Medical Payments	\$		Workmen's Compensation	\$
	Property Damage	\$		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
	Other (specify)	\$		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, in its individual capacity, does not certify that these documents constitute a complete and accurate copy of the policy.

Agency Location

Countersigned by

Form G-1750-7 Printed in U. S. A. 6-70

CONFIDENTIAL

HARTFORD000459

Confidential - Subject to Protective Order

HFBKPLAN015040

SA 3349

Indianapolis Regional Office
One Indiana Sq.

COUNTERSIGNATURE MEMO

Suite 1500
Indianapolis, Ind. 46204

Insured BOY SCOUTS OF AMERICA NATIONAL COUNCIL		Address RT #1 NORTH BRUNSWICK N J	
Company Office MANH	Co. Code 5	Policy No. 10 C A43342E	Expiration 11 76 11
		Date 2 24 75	

Please show Countersigning Agent preferred, if any, in block below.

Name and Address of Countersigning Agent

WILSON AND ALLEN INC
200 PARK AVE
NEW YORK N Y 10017

PRODUCER --

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are glad to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fees. The countersigning fee should be remitted directly to the Countersigning Agent.

Please enter the premium, less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

States of Insured's Operations	Non-Resident License, if any	
	Number	Name of Licensee
INDIANA		

If not licensed, is same desired? ☐ Yes ☐ No. If "Yes", which State

Producer's Rate of Commission **10.0** Premium

Form G-2669-0 Printed in U. S. A. 8-67

COMPANY OFFICE OF PRODUCER

20.00
7.00

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000460

HFBKPLAN015041

SA 3350

Chicago Regional Office *Chicago, Ill. 60606*
COUNTERSIGNATURE MEMO

Insured **BOY SCOUTS OF AMERICA NATIONAL COUNCIL** Address **RT #1 NORTH BRUNSWICK N J**

Company Office **MANHATTAN** Co. Code **5** Policy No. **10 C A43342E** Expiration **1 1 76/77** Date **2 24 75**

Name and Address of Producer

Please show Countersigning Agent preferred, if any, in block below.

Name and Address of Countersigning Agent

WILSON AND ALLEN INC
200 PARK AVE
NEW YORK N Y 10017

PRODUCER —

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are glad to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fees. The countersigning fee should be remitted directly to the Countersigning Agent.

Please enter the premium, less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

States of Insured's Operations	Non-Resident License, if any	
	Number	Name of Licensee
ILLINOIS	<i>21328</i>	<i>Fred C. Wilson</i>

If not licensed, is same desired? ☐ Yes ☐ No. If "Yes", which StateProducer's Rate of Commission **10.0** Premium **1155.00**

Form G-2669-0 Printed in U. S. A. 8-67

COMPANY OFFICE OF PRODUCER

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000461

HFBKPLAN015042

SA 3351

RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



☒ 1 Hartford Fire Insurance Company
☒ 2 Hartford Accident and Indemnity Company
☒ 3 Citizens Insurance Company of New Jersey

☒ 4 New York Underwriters Insurance Company
☒ 5 Twin City Fire Insurance Company

This Endorsement forms
 a part of ☒ Policy No. 10 C A43342E ⁹
 issued by THE HARTFORD INSURANCE GROUP company des-
 ignated therein, and takes effect as of the effective date of said policy
 unless another effective date is stated herein.

Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL

NORTH BRUNSWICK N J

Effective date 11/25/16

Effective hour is the same as stated in the Declarations of the Policy.

*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

GA.

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
	Bodily Injury	\$	5	General Liability	\$ <u>53.00-104/11</u>
	Medical Payments	\$		Workmen's Compensation	\$
	Property Damage	\$		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
	Other (specify)	\$		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, does not certify that these documents constitute a complete and accurate copy of the policy.

Agency Location

Countersigned by (Resident Agent)

Form G-1760-7 Printed in U. S. A. 6-70

CONFIDENTIAL

HARTFORD000462

Confidential - Subject to Protective Order

HFBKPLAN015043

SA 3352

Atlanta Regional Office **COUNTERSIGNATURE MEMO** *P.O. # 1720*
Atlanta, Ga. 30301

Insured **BOY SCOUTS OF AMERICA NATIONAL COUNCIL RT #1 NORTH BRUNSWICK N J**
 Company Office **MANHATTAN** Co. Code **5** Policy No. **10 C A43342E** Expiration **1 1 76 11** Date **2 24 75**

Name and Address of Producer

Please show Countersigning Agent preferred, if any, in block below.

Name and Address of Countersigning Agent

WILSON AND ALLEN INC
200 PARK AVE
NEW YORK N Y 10017

States of Insured's Operations	Non-Resident License, if any	
	Number	Name of Licensee
GA.	90081	<i>Joseph W. Allen</i>

PRODUCER —

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are glad to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fees. The countersigning fee should be remitted directly to the Countersigning Agent.

Please enter the premium, less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

If not licensed, is same desired? ☐ Yes ☐ No. If "Yes", which State?

Producer's Rate of Commission **10%** Premium **53.00**

Form G-2669-0 Printed in U. S. A. 8-67

COMPANY OFFICE OF PRODUCER

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000463

HFBKPLAN015044

SA 3353

RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



☐ Hartford Fire Insurance Company
☒ Hartford Accident and Indemnity Company
☒ Citizens Insurance Company of New Jersey

☒ New York Underwriters Insurance Company
☒ Twin City Fire Insurance Company

This Endorsement forms a part of ☒ Policy No. ☐ Bond No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL
NORTH BRUNSWICK N J

Effective date 11/25/16

Effective hour is the same as stated in the Declarations of the Policy.

*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

DIST OF COLUMBIA

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
	Bodily Injury	\$	5	General Liability	\$ <u>7.00 18.00</u>
	Medical Payments	\$		Workmen's Compensation	\$
	Property Damage	\$		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
	Other (specify)	\$		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be made at the time and place where the company located these documents in its possession or control. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Agency Location

Countersigned by (Resident Agent)

Form G-1760-7 Printed in U. S. A. 6-70

CONFIDENTIAL

HARTFORD000464

Confidential - Subject to Protective Order

HFBKPLAN015045

SA 3354

Washington Regional Office **COUNTERSIGNATURE MEMO** *100 No. 2nd St. Philadelphia, Pa. 22314*

Insured **BOY SCOUTS OF AMERICA NATIONAL COUNCIL** Address **RT #1 NORTH BRUNSWICK N J**

Company Office **MANHATTAN** Co. Code **5** Policy No. **10 C A43342E** Expiration **1 1 76 77** Date **2-24-73**

Name and Address of Producer

Please show Countersigning Agent preferred, if any, in block below.

WILSON AND ALLEN INC
200 PARK AVE
NEW YORK N Y 10017

Name and Address of Countersigning Agent

PRODUCER —

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are glad to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fees. The countersigning fee should be remitted directly to the Countersigning Agent.

Please enter the premium, less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

States of Insured's Operations	Non-Resident License, if any	
	Number	Name of Licensee
DIST OF COLUMBIA	49350	<i>Fred C. Williams</i>

If not licensed, is same desired? ☐ Yes ☐ No. If "Yes", which State?

Producer's Rate of Commission **10%** Premium **18.00** **7.00**

Form G-2669-0 Printed in U. S. A. 8-67

attest **COMPANY OFFICE OF PRODUCER**

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000465

HFBKPLAN015046

SA 3355

DAILY REPORT for use with CASUALTY INSURANCE POLICY Form 8117, and DECLARATIONS Page Form AL-51-0

COMPANY COPY

THE HARTFORD INSURANCE GROUP

- ☐ Hartford Fire Insurance Co.
☐ Hartford Accident and Indemnity Co.
☐ Hartford Casualty Insurance Co.
☐ New York Underwriters Insurance Co.
☐ Twin City Fire Insurance Co.

Filing	Annual Audit	Monthly	Participating
Prem. Finance	Semi-Annual	Bureau	Retro
Risk Card	Quarterly	Loss Control	Reinsurance

SPEC. ACCTS. DEPT.
DECLARATIONS

Items

Named Insured and Address

☐ Individual
☐ Joint Venture
☐ Partnership
☒ Corporation

2. Policy Period

From

To

Producer's Name and Address
WILSON AND ALLEN INC
200 PARK AVE
NEW YORK N Y 10017

25-0480

POLICY NO. 10 C A43342E

BOY SCOUTS OF AMERICA NATIONAL COUNCIL
 ROUTE #1
 NORTH BRUNSWICK N J

11 75

To

11 76

12:01 A.M., standard time at the address of the named insured as stated herein.

Audit Period: Annual, unless otherwise stated.

☐ Semi-Annual
☐ Quarterly
☐ Monthly

Insurance is afforded by the Coverage Parts forming a part hereof,
 its terms of liability as are stated therein and subject to all the terms of the policy having reference thereto.

SUMMARY OF ADVANCE PREMIUMS

COVERAGE PARTS	ADVANCE PREMIUM
Comprehensive General Liability Insurance	\$ 19,510.00
Comprehensive Automobile Liability Insurance	\$ 16,744.00
Automobile Medical Payments Insurance	\$ 1,671.00
Uninsured Motorists Insurance	\$ 2,805.00
Automobile Physical Damage Insurance	\$ 1,113.00
Premises Medical Payments Insurance	\$ 337.00
Contractual Liability Insurance	\$ 329.00
Personal Injury Liability Insurance	\$ 44.00
Garage Insurance	\$ 265.00
Employee Benefit Liability Insurance	\$ 290.00
Form Numbers of Coverage Parts and endorsements not listed on Coverage Parts forming part of Policy at issue:	
SEE FORM AL 80 C	
TOTAL ADVANCE PREMIUM	\$ 21,220.00

If Policy Period more than one year: Gross Premium \$

Discount \$

Net Premium \$

Premium is payable: On effective date of Policy \$

1st Anniversary \$

2nd Anniversary \$

4. Business of the named insured is

EDUCATIONAL DEVELOPMENT

5. During the past 3 years no Insurer has cancelled insurance, issued to the named insured, similar to that afforded hereunder unless otherwise stated herein.

Guaranty Underwritings - Funds 5.71 A.L.

SPEC. ACCTS. DEPT.

Form AL-51-0 GDR Printed in U. S. A.

CONFIDENTIAL

HARTFORD000466

Confidential - Subject to Protective
 Order

HFBKPLAN015047

SA 3356

3/24/C/BJ
WILSON AND AL: 178. 250480

Named Insured and Address

This endorsement forms a part of Policy No. **10 C 44342E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL
ROUTE #1
NORTH BRUNSWICK, N. J.**

Effective date **1-1-75** 12:01 A. M., standard time at the address of the named insured stated herein.

Additional Insured
ADDITIONAL INSURED *(Golden Gate Scouting)*

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE

IN CONSIDERATION OF THE PREMIUM INCLUDED IN THE COMPOSITE RATE, IT IS AGREED THAT THE POLICY IS EXTENDED TO INCLUDE THE INTEREST OF GOLDEN GATE SCOUTING AS AN ADDITIONAL INSURED.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said p by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-B Printed in U. S. A. 10-66 NBCU:

CONFIDENTIAL

HARTFORD000467

Confidential - Subject to Protective Order

HFBKPLAN015048

SA 3357

3/24/C/BJ
WILSON AND ALLEN INC. 250480

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43342E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL
ROUTE #1
NORTH BRUNSWICK, N. J.**

Effective date... **1-1-75**

12:01 A. M., standard time at the address of the named insured as stated herein.

~~ADDITIONAL INSURED~~ *Additional Insured (Golden Gate Scouting)*

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE

**IN CONSIDERATION OF THE PREMIUM INCLUDED IN THE COMPOSITE RATE, IT IS
AGREED THAT THE POLICY IS EXTENDED TO INCLUDE THE INTEREST OF GOLDEN
GATE SCOUTING AS AN ADDITIONAL INSURED.**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU: .

OK

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000468

Confidential - Subject to Protective
Order

HFBKPLAN015049

SA 3358

10 C A43342E

This endorsement forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

Effective date.....12:01 A. M., standard time at the address of the named insured as stated herein.

Named Insured Endorsement

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE
CONTRACTUAL LIABILITY INSURANCE
PERSONAL INJURY LIABILITY INSURANCE
COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE
AUTOMOBILE PHYSICAL DAMAGE INSURANCE

Premiums made known to Insured
Employee Benefit Indirect
NAMED INSURED ENDORSEMENT

IT IS AGREED THAT ITEM #1, NAMED INSURED SHALL READ AS FOLLOWS:

BOY SCOUTS OF AMERICA, NATIONAL AND REGIONAL COUNCILS

SOUTH CINCINNATI PARKING GARAGE

PHILMONT SCOUT RANCH, *Cimarron, N.M.*

~~CIMARRON, N.M.~~

PHILTOWER BUILDING, TULSA OKLA

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement to effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



THE HARTFORD
INSURANCE GROUP
HARTFORD, CONNECTICUT

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-B Printed in U. S. A. 10-'66 NBCU

CONFIDENTIAL

HARTFORD000469

Confidential - Subject to Protective Order

HFBKPLAN015050

SA 3359

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 12:01 A. M., standard time at the address of the named insured as stated herein.

Named Insured Endorsement

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE
CONTRACTUAL LIABILITY INSURANCE
PERSONAL INJURY LIABILITY INSURANCE
COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE
AUTOMOBILE PHYSICAL DAMAGE INSURANCE

Employee Prompt Payment Provision
NAMED INSURED ENDORSEMENT

IT IS AGREED THAT ITEM #1, NAMED INSURED SHALL READ AS FOLLOWS:

BOY SCOUTS OF AMERICA, NATIONAL AND REGIONAL COUNCILS

SOUTH CINCINNATI PARKING GARAGE

PHILMONT SCOUT RANCH, Cimarron, N.M.

~~CIMARRON, N.M.~~

PHILTOWER BUILDING, TULSA OKLA

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-B B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000470

Confidential - Subject to Protective Order

HFBKPLAN015051

SA 3360

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. _____
 issued by THE HARTFORD INSURANCE GROUP company design-
 ated therein, and takes effect as of the effective date of said policy
 unless another effective date is stated herein.

Effective date

12:01 A. M., standard time at the address of the named insured as
stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE
CONTRACTUAL LIABILITY INSURANCE
PERSONAL INJURY LIABILITY INSURANCE
LIQUOR LIABILITY INSURANCE (HOST COVERAGE)

FORM NUMBERS OF COVERAGE PARTS AND ENDORSEMENTS FORMING PART OF THE
 POLICY AT ISSUE:

CGL

- ✓ L 3503-0
- ✓ L 3523-0
- ✓ L 3524-0
- ✓ L 3525-0
- ✓ L 2583-0
- ✓ L 3037-1 AND EXTENSION AL-8-0 C
- ✓ L 3239-0

AL 8 0 B NOTICE OF OCCURRENCE

AL 8 0 B INTERESTS OF THE ~~INSURED~~ ^{TVA, USA} INCLUDED AS AN ADDITIONAL INSURED

AL 8 0 B INCIDENTAL MALPRACTICE LIABILITY ENDORSEMENT

~~AL 8 0 B VESSELS~~

✓ AL 8 0 C AMENDMENT LIMITS OF LIABILITY (SINGLE LIMIT)

~~AS PER CONTRACTUAL LIAB COV PART~~~~AL 8 0 C AMENDMENT LIMITS OF LIABILITY (SINGLE LIMIT)~~~~AS PER PERSONAL INJURY LIAB COV PART~~~~AL 8 0 A ELIMINATIONS OF EXCLUSION C~~~~AS PER DECLARATION PAGE AL 51-0~~~~AL 8 0 B NAMED INSURED ENDT~~

✓ AL 8 0 B ADDITIONAL INSURED

AL 57-0

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other
 than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes
 effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy
 by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



THE HARTFORD
 INSURANCE GROUP
 HARTFORD, CONNECTICUT

The company located these documents in its
 business records. At this time, the company
 does not certify that these documents constitute
 a complete and accurate copy of the policy.

Form AL-8-B-C Printed in U. S. A. 10-66 NBCU

CONFIDENTIAL

HARTFORD000471

Confidential - Subject to Protective
 Order

HFBKPLAN015052

SA 3361

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No.
 HARTFORD INSURANCE GROUP company design-
 ation and takes effect as of the effective date of said policy
 as stated herein.

Effective date 12:01 A. M., standard time at the address of the named insured as
 stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE
GENERAL LIABILITY INSURANCE
PRODUCT LIABILITY INSURANCE
COMMERCE LIABILITY INSURANCE (HOST COVERAGE)

FORM NUMBERS OF COVERAGE PARTS AND ENDORSEMENTS FORMING PART OF THE
 POLICY AT ISSUE:

CGL

~~L 3503-0~~

~~L 3523-0~~

~~L 3524-0~~
~~L 3575-0~~

~~L 3525-0~~

~~L 2583-0~~

~~L 3037-1 AND EXTENSION AL 8-0 C~~
~~L 3013-0~~
~~L 3239-0~~

~~AL 8 0 B NOTICE OF OCCURRENCE~~

~~AL 8 0 B INTERESTS OF THE ^{TVA, AAA} ~~INS~~, INCLUDED AS AN ADDITIONAL INSURED~~

~~AL 8 0 B INCIDENTAL MALPRACTICE LIABILITY ENDORSEMENT~~

~~AL 8 0 B VESSELS~~

~~AL 8 0 C AMENDMENT LIMITS OF LIABILITY (SINGLE LIMIT)~~

~~AS PER CONTRACTUAL LEAD COV PART~~

~~AL 8 0 C AMENDMENT LIMITS OF LIABILITY (SINGLE LIMIT)~~

~~AS PER PERSONAL INJURY LEAD COV PART~~

~~AL 8 0 A EXEMPTIONS OF EXCLUSION C~~

~~AS PER DECLARATION PAGE AL 51-0~~

~~AL 8 0 B NAMED INSURED ENDT~~

~~AL 8 0 B ADDITIONAL INSURED~~
~~AL 57-0~~

CONFIDENTIAL

HARTFORD000472

Confidential - Subject to Protective
Order

HFBKPLAN015053

SA 3362

10 C A43342E⁹⁶

Named Insured and Address

This endorsement forms a part of Policy No. issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date

12:01 A. M., standard time at the address of the named insured as stated herein.

EXTENSION TO FORM L 3037-1

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE

IT IS AGREED THAT THE FOLLOWING SCHEDULE APPLIES AS RESPECTS FORM L3037-1 "REAL PROPERTY LIABILITY FIRE:"

DESC OF PROPERTY	LIMIT OF LIAB	RATE PER \$100 LIMIT	PREMIUM
1. 308 FIFTH AVE NEW YORK N Y	100,000 EA OCCURRENCE		INCLUDED
2. 300 WEST ADAMS ST CHICAGO ILLINOIS	100,000 EA OCCURRENCE		
3. 2515 PEACHTREE CENTER BLDG ATLANTA GA	100,000 EA OCCURRENCE		IN THE
4. POWER & LIGHT BLDG 14TH BALTIMORE SUITE 2606 KANSAS CITY MO	100,000 EA OCCURRENCE		COMPOSITE
5. 44 CARILLON TOWER EAST 13601 PRESTON RD DALLAS TEXAS	100,000 EA OCCURRENCE		
6. 790 LUCERNE DRIVE SUNNYVALE CALIF	100,000 EA OCCURRENCE		RATE

7. 275 Bush St.
SAN FRANCISCO, CALIF.
94104

100,000 ea occurrence

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



THE HARTFORD
INSURANCE GROUP
HARTFORD, CONNECTICUT

Form AL-9-C Printed in U. S. A. 10-00 NBCU

actual

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000473

Confidential - Subject to Protective
Order

HFBKPLAN015054

SA 3363

10 C A43342E⁹⁶

Named Insured and Address

This endorsement forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date _____ 12:01 A. M., standard time at the address of the named insured as stated herein.

EXTENSION TO FORM L 3037-1

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE

IT IS AGREED THAT THE FOLLOWING SCHEDULE APPLIES AS RESPECTS FORM L3037-1
"REAL PROPERTY LIABILITY FIRE:"

DESC OF PROPERTY	LIMIT OF LIAB	RATE PER \$100 LIMIT	PREMIUM
1. 308 FIFTH AVE NEW YORK N.Y.	100,000 EA OCCURRENCE		INCLUDE
2. 300 WEST ADAMS ST CHICAGO ILLINOIS	100,000 EA OCCURRENCE		
3. 2515 PEACHTREE CENTER BLDG ATLANTA GA	100,000 EA OCCURRENCE		IN THE
4. POWER & LIGHT BLDG 14TH BALTIMORE SUITE 2606 KANSAS CITY MO	100,000 EA OCCURRENCE		COMPOSITE
5. 44 CARILLON TOWER EAST 13601 PRESTON RD DALLAS TEXAS	100,000 EA OCCURRENCE		
6. 790 LUGERNE DRIVE BUNNYVALE CALIF	100,000 EA OCCURRENCE		RATE
7. 275 Bush St. SAN FRANCISCO, CALIF. 94104	100,000 ea occurrence		

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



THE HARTFORD
INSURANCE GROUP
HARTFORD, CONNECTICUT

Form AL-4-0-0 Printed in U. S. A. 10-76 NSCU

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000474

Confidential - Subject to Protective
Order

HFBKPLAN015055

SA 3364

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date _____ 12:01 A. M., standard time at the address of the named insured as stated herein.

~~INTERESTS OF THE TVA ARE INCLUDED AS ADDITIONAL INSUREDS~~

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

comprehensive General Liability Insurance

IT IS AGREED THAT THE INTEREST OF THE TENNESSEE VALLEY AUTHORITY AND THE UNITED STATES GOVERNMENT ARE INCLUDED AS ADDITIONAL INSUREDS WITH RESPECT TO THE USE OF PREMISES IN "LAND BETWEEN THE LAKES" FOR THE DEVELOPMENT OF A HIGH ADVENTURE SCOUTING PROGRAM BY THE BOY SCOUTS OF AMERICA, THE INTERESTS OF THE TENNESSEE VALLEY AUTHORITY AND THE UNITED STATES GOVERNMENT ARE PROTECTED WITH RESPECT TO LOSSES OR SUITS ARISING OUT OF THE ~~USA'S~~ ACTIVITIES IN THIS PROGRAM.

BSA's

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

about
The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000475

Confidential - Subject to Protective Order

HFBKPLAN015056

SA 3365

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No.
issued by THE HARTFORD INSURANCE GROUP company design-
ated therein, and takes effect as of the effective date of said policy
unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the named insured as
stated herein.

INTERESTS OF THE TVA INCLUDED AS ADDITIONAL INSURED

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

Cancel Back

IT IS AGREED THAT THE INTEREST OF THE TENNESSEE VALLEY AUTHORITY
AND THE UNITED STATES GOVERNMENT ARE INCLUDED AS ADDITIONAL INSURED
WITH RESPECT TO THE USE OF PREMISES IN "LAND BETWEEN THE LAKES" FOR
THE DEVELOPMENT OF A HIGH ADVENTURE SCOUTING PROGRAM BY THE BOY
SCOUTS OF AMERICA, THE INTERESTS OF THE TENNESSEE VALLEY AUTHORITY
AND THE UNITED STATES GOVERNMENT ARE PROTECTED WITH RESPECT TO
LOSSES OR SUITS ARISING OUT OF THE USA'S ACTIVITIES IN THIS PROGRAM.

type. error

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other
than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company: provided that if this endorsement takes
effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy
by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



The company located these documents in its
business records. At this time, the company
does not certify that these documents constitute
a complete and accurate copy of the policy.

Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

CONFIDENTIAL

HARTFORD000476

Confidential - Subject to Protective
Order

HFBKPLAN015057

SA 3366

49E
10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. _____
issued by THE HARTFORD INSURANCE GROUP company design-
ated therein, and takes effect as of the effective date of said policy
unless another effective date is stated herein.

Effective date _____

12:01 A. M., standard time at the address of the named insured as
stated herein.

Additional Insured
(U.S. Foundation for International Scouting)

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE

ADDITIONAL INSURED

IN CONSIDERATION OF THE PREMIUM INCLUDED IN THE COMPOSITE RATE
IT IS UNDERSTOOD AND AGREED THAT THE POLICY IS EXTENDED TO INCLUDE
THE INTEREST OF U.S. FOUNDATION FOR INTERNATIONAL SCOUTING AS
ADDITIONAL INSURED.

OK

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other
than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes
effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy
by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

attest
The company located these documents in its
business records. At this time, the company
does not certify that these documents constitute
a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000477

Confidential - Subject to Protective
Order

HFBKPLAN015058

SA 3367

9E
10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 12:01 A. M., standard time at the address of the named insured as stated herein.

ELIMINATION OF EXCLUSION "C"

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

PERSONAL INJURY LIABILITY INSURANCE

IN CONSIDERATION OF THE PREMIUM INCLUDED IN THE COMPOSITE RATE IT IS AGREED THAT EXCLUSION (C) OF THE PERSONAL INJURY LIABILITY COVERAGE PART IS DELETED.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



THE HARTFORD
INSURANCE GROUP
HARTFORD, CONNECTICUT

attached

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-A Printed in U. S. A. 10-66 NBCU:

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000478

HFBKPLAN015059

SA 3368

AMENDMENT-LIMITS OF LIABILITY

(SINGLE LIMIT)

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE
CONTRACTUAL LIABILITY INSURANCE**

SCHEDULE

<u>BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY.</u>	\$ 500 ,000 EACH OCCURRENCE
	\$ 500 ,000 AGGREGATE

IT IS AGREED THAT PROVISIONS OF THE POLICY CAPTIONED "LIMITS OF LIABILITY" RELATING TO BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY ARE AMENDED TO READ AS FOLLOWS:

LIMITS OF LIABILITY

REGARDLESS OF THE NUMBER OF (1) INSUREDS UNDER THIS POLICY, (2) PERSONS OR ORGANIZATIONS WHO SUSTAIN BODILY INJURY OR PROPERTY DAMAGE, (3) CLAIMS MADE OR SUITS BROUGHT ON ACCOUNT OF BODILY INJURY OR PROPERTY DAMAGE OR (4) AUTOMOBILES OR UNITS OF MOBILE EQUIPMENT TO WHICH THIS POLICY APPLIES, THE COMPANY'S LIABILITY IS LIMITED AS FOLLOWS:

BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY:

- (A) THE LIMIT OF LIABILITY STATED IN THE SCHEDULE AS APPLICABLE TO "EACH OCCURRENCE" IS THE TOTAL LIMIT OF THE COMPANY'S LIABILITY FOR ALL DAMAGES BECAUSE OF BODILY INJURY OR PROPERTY DAMAGE AS A RESULT OF ANY ONE OCCURRENCE PROVIDED THAT WITH RESPECT TO ANY OCCURRENCE FOR WHICH NOTICE OF THIS POLICY IS GIVEN IN LIEU OF SECURITY OR WHEN THIS POLICY IS CERTIFIED AS PROOF OF FINANCIAL RESPONSIBILITY UNDER THE PROVISIONS OF THE MOTOR VEHICLE FINANCIAL RESPONSIBILITY LAW OF ANY STATE OR PROVINCE SUCH LIMIT OF LIABILITY SHALL BE APPLIED TO PROVIDE THE SEPARATE LIMITS REQUIRED BY SUCH LAW FOR BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY TO THE EXTENT OF THE COVERAGE REQUIRED BY SUCH LAW, BUT THE SEPARATE APPLICATION OF SUCH LIMIT SHALL NOT INCREASE THE TOTAL LIMIT OF THE COMPANY'S LIABILITY.
- (B) SUBJECT TO THE ABOVE PROVISIONS RESPECTING "EACH OCCURRENCE", THE TOTAL LIABILITY OF THE COMPANY FOR ALL DAMAGES BECAUSE OF ALL BODILY INJURY AND PROPERTY DAMAGE WHICH OCCURS DURING EACH ANNUAL PERIOD WHILE THIS POLICY IS IN FORCE COMMENCING FROM ITS EFFECTIVE DATE AND IS DESCRIBED IN ANY OF THE NUMBERED SUBPARAGRAPHS BELOW SHALL NOT EXCEED THE LIMIT OF LIABILITY STATED IN THE SCHEDULE AS "AGGREGATE".

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-9-0 C Printed in U. S. A. 10-66 NBCU

CONFIDENTIAL

HARTFORD000479

Confidential - Subject to Protective
Order

HFBKPLAN015060

SA 3369

AMENDMENT-LIMITS OF LIABILITY (SINGLE LIMIT)

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date: _____ 12:01 A. M., standard time at the address of the named insured as stated herein.

CONTINUED

Amendment - Limits of Liability (Single Limit)

(contd.)

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE CONTRACTUAL LIABILITY INSURANCE

- (1) ALL PROPERTY DAMAGE ARISING OUT OF PREMISES OR OPERATIONS RATED ON A REMUNERATION BASIS OR CONTRACTOR'S EQUIPMENT RATED ON A RECEIPTS BASIS, INCLUDING PROPERTY DAMAGE FOR WHICH LIABILITY IS ASSUMED UNDER ANY INCIDENTAL CONTRACT RELATING TO SUCH PREMISES OR OPERATIONS, BUT EXCLUDING PROPERTY DAMAGE INCLUDED IN SUBPARAGRAPH (2) BELOW.
- (2) ALL PROPERTY DAMAGE ARISING OUT OF AN OCCURRING IN THE COURSE OF OPERATIONS PERFORMED FOR THE NAMED INSURED BY INDEPENDENT CONTRACTORS AND GENERAL SUPERVISION THEREOF BY THE NAMED INSURED, INCLUDING ANY SUCH PROPERTY DAMAGE FOR WHICH LIABILITY IS ASSUMED UNDER ANY INCIDENTAL CONTRACT RELATING TO SUCH OPERATIONS, BUT THIS SUBPARAGRAPH (2) DOES NOT INCLUDE PROPERTY DAMAGE ARISING OUT OF MAINTENANCE OR REPAIRS AT PREMISES OWNED BY OR RENTED TO THE NAMED INSURED OR STRUCTURAL ALTERATIONS AT SUCH PREMISES WHICH DO NOT INVOLVE CHANGING THE SIZE OF OR MOVING BUILDINGS OR OTHER STRUCTURES;
- (3) ALL BODILY INJURY AND PROPERTY DAMAGE INCLUDED WITHIN THE COMPLETED OPERATIONS HAZARD AND ALL BODILY INJURY AND PROPERTY DAMAGE INCLUDED WITHIN THE PRODUCTS HAZARD;
- (4) ALL PROPERTY DAMAGE FOR WHICH LIABILITY IS ASSUMED UNDER ANY CONTRACT TO WHICH THE CONTRACTUAL LIABILITY INSURANCE APPLIES.

SUCH AGGREGATE LIMIT SHALL APPLY SEPARATELY:

- (I) TO THE PROPERTY DAMAGE DESCRIBED IN SUBPARAGRAPHS (1) AND (2) SEPARATELY WITH RESPECT TO EACH PROJECT AWAY FROM PREMISES OWNED BY OR RENTED TO THE NAMED INSURED;
 - (II) TO THE SUM OF THE DAMAGED FOR ALL BODILY INJURY AND PROPERTY DAMAGE DESCRIBED IN SUBPARAGRAPH (3); AND
 - (III) TO THE PROPERTY DAMAGE DESCRIBED IN SUBPARAGRAPH (4) SEPARATELY WITH RESPECT TO EACH PROJECT AWAY FROM PREMISES OWNED BY OR RENTED TO THE NAMED INSURED.
- (C) FOR THE PURPOSE OF DETERMINING THE LIMIT OF THE COMPANY'S LIABILITY, ALL BODILY INJURY AND PROPERTY DAMAGE ARISING OUT OF CONTINUOUS OR REPEATED EXPOSURE TO SUBSTANTIALLY THE SAME GENERAL CONDITIONS SHALL BE CONSIDERED AS ARISING OUT OF ONE OCCURRENCE.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



attest

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy form.

Form AL-8-B-C Printed in U. S. A. 10-76 NHC

CONFIDENTIAL

HARTFORD000480

Confidential - Subject to Protective
Order

HFBKPLAN015061

SA 3370

CONTRACTUAL LIABILITY INSURANCE (BLANKET COVERAGE) — COVERAGE PART

COMPANY COPY

Und. Approved	Und. Notes:
Quality Control	

This Coverage Part forms a part of Policy No. **10 C A43342E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective (at the hour stated in the policy) and forms a part of the above designated policy issued to.

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

SCHEDULE

The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverages	Advance Premiums	Limits of Liability
YB — Contractual Bodily Injury Liability	\$ INCL	\$ SEE SINGLE \$ 1,000 1,000 each occurrence
ZB — Contractual Property Damage Liability	\$ INCL <i>limit</i>	\$ 1,000 1,000 each occurrence \$ 1,000 1,000 aggregate

Designation of Contracts	Code No.	Premium Bases	Rates		Advance Premiums	
			B. I.	P. D.	B. I.	P. D.
THAT PART OF ALL WRITTEN CONTRACTS OTHER THAN AS DEFINED UNDER "INCIDENTAL CONTRACTS" IN THE POLICY DEFINITION IN WHICH THE NAMED INSURED ASSUMES THE LIABILITY OF OTHERS,		(a) Cost	(a) Per \$100 of Cost			
		(b) Sales	(b) Per \$1,000 of Sales			
			INCLUDED IN THE COMPOSITE RATE			

Form Numbers of Endorsements forming part of this Coverage Part at issue:

Endorsement No. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

If the Policy Period is more than one year, the Premium is Payable:

On effective date of Policy \$ 1st Anniversary \$ 2nd Anniversary \$

The following exclusions also apply:

☐ Exclusion (p) — Products and Completed Operations ☐ Exclusion (q) — x, c & u

I. COVERAGE YB—CONTRACTUAL BODILY INJURY LIABILITY

COVERAGE ZB—CONTRACTUAL PROPERTY DAMAGE LIABILITY

The company will pay on behalf of the insured all sums which the insured, by reason of contractual liability assumed by him under any written contract of the type designated in the schedule for this insurance, shall become legally obligated to pay as damages because of

Coverage YB. bodily injury or

Coverage ZB. property damage

to which this insurance applies, caused by an occurrence, and the company shall have the right and duty to defend any suit against the insured seeking damages on account of such bodily injury or property damage, even if any of the allegations of the suit are groundless, false or fraudulent, and may make such investigation and settlement of any claim or suit as it deems expedient, but the company shall not be obligated to pay any claim or judgment or to defend

- any arbitration proceeding wherein the company is not entitled to exercise the insured's rights in the choice of arbitrators and in the conduct of such proceedings, or
- any suit after the applicable limit of the company's liability has been exhausted by payment of judgments or settlements.

Exclusions

This insurance does not apply:

- to liability assumed by the insured under any incidental contract;
- (i) if the insured is an architect, engineer or surveyor, to bodily injury or property damage arising out of professional services performed by such insured, including
 - the preparation or approval of maps, drawings, opinions, reports, surveys, change orders, designs or specifications, and
 - supervisory, inspection or engineering services;
- if the indemnitee of the insured is an architect, engineer or surveyor, to the liability of the indemnitee, his agents or employees, arising out of

The conditions and provisions printed on pages KB-2 and KB-3 of this form are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, and the countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this Coverage Part.

does not certify that these documents constitute a complete and accurate copy of the policy.

Authorized Agent

Form L-3523-0 CDR Printed in U. S. A. (ISO: KB 1/1/73)

KB-1

CONFIDENTIAL

HARTFORD000481

Confidential - Subject to Protective Order

HFBKPLAN015062

SA 3371

COMPREHENSIVE GENERAL LIABILITY INSURANCE—COVERAGE PART

COMPANY COPY

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

10 C A43342E

This Coverage Part forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy).

This Coverage Part is effective _____ (at the hour stated in the policy) and forms a part of the above designated policy issued to _____.

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

SCHEDULE

The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverages	Advance Premiums	Limits of Liability
A — Bodily Injury Liability	\$ 15,912.00 <i>17,286.00</i>	\$ SEE SINGLE .000 each occurrence \$ LIMIT .000 aggregate
B — Property Damage Liability	\$ 832.00 <i>2224.00</i>	\$ ENDT .000 each occurrence \$ ATT .000 aggregate

Rating Classifications
Entries herein, except as specifically provided elsewhere in this policy, do not modify any of the other provisions of this policy.

	Code No.	Premium Bases	Rates		Advance Premiums	
			B. I.	P. D.	B. I.	P. D.
(a) Premises — Operations		(a) Area (b) Frontage (c) Remuneration (d) Receipts	(a) Per 100 Sq. Ft. of Area (b) Per Linear Foot (c) Per \$100 of Remuneration (d) Per \$100 of Receipts			
(b) Escalators		(e) Landings	(a) Per Landing			
(c) Independent Contractors		(f) Cost	(f) Per \$100 of Cost			
(d) Completed Operations		(g) Receipts	(g) Per \$1,000 of Receipts			
(e) Products		(h) Sales	(h) Per \$1,000 of Sales			
ALL PREMISES-OPERATIONS OF THE INSURED INCLUDING PRODUCTS AND ALSO INCLUDING PERSONAL INJURY LIABILITY INSURANCE (EXCLUSION C NOT APPLICABLE), Contractual Liability Insurance, Premises Medical Payments to Insureds, Liquor Liability Insurance (Host Coverage) and Employee B&E Liability Insurance.						
	70050	13,000,000 <i>13,007,000</i>	<i>1.224</i> <i>.1329</i>	<i>.0064</i> <i>.0171</i>	15,912.00 <i>17,286.00</i>	832.00 <i>2224.00</i>
					<i>17,286.00</i>	<i>2224.00</i>

Form Numbers of Endorsements forming part of this Coverage Part at issue:

SEE FORM AL 80 & C

TOTAL ADVANCE PREMIUMS

15,912.00 832.00

If the Policy Period is more than one year, the Premium is Payable:

On effective date of Policy \$

1st Anniversary \$

2nd Anniversary \$

The conditions and provisions printed on pages CGL-2 and CGL-3 of this policy are hereby incorporated by reference into this Coverage Part.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, provided that the Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, the signature of the insured or its authorized agent shall constitute valid countersignature of the Coverage Part.

Countersigned by:

Authorized Agent

Form L-3503-0 CDR Printed in U. S. A.

CGL-1

CONFIDENTIAL

HARTFORD000482

Confidential - Subject to Protective Order

HFBKPLAN015063

SA 3372

SA 3373

R/P \$44.00 2/10/BJ
WILSON & ALLEN INC. 25-0480



THE HARTFORD

20 YR.
RET.

Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL
NORTH BRUNSWICK, N.J.

This endorsement forms a part of Policy No. **10 C A43342E**
issued by THE HARTFORD INSURANCE GROUP company designated
therein, and takes effect as of the effective date of said policy unless
another effective date is stated herein.

Effective date **6/1/75 TO 8/31/75** 12:01 A. M., standard time
at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

AUTOMOBILE PHYSICAL DAMAGE INSURANCE

**IT IS HEREBY UNDERSTOOD AND AGREED THE FOLLOWING VEHICLES DESCRIBES
BELOW, COMPREHENSIVE IS ELIMINATED:**

#	YR	MAKE	SERIAL #	ANNUAL	P/R
18	74	CHEV CARRYALL	CC2264F178865	53.00	13.00
23	72	CHEV CARRYALL	CCE262F174138	21.00	5.00
24	72	CHEV CARRYALL	CCE262F162143	21.00	5.00
25	73	CHEV CARRYALL	CC2263F171514	30.00	7.00
26	73	CHEV CARRYALL	CC2263F17143	30.00	7.00
27	71	CHEV CARRYALL	CS261F650350	27.00	7.00
					44.00

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-1 B Printed in U.S.A. ISO

CONFIDENTIAL

HARTFORD000484

Confidential - Subject to Protective
Order

HFBKPLAN015065

SA 3374

2 18 YB MJG
WILSON AND ALLEN INC 250480

REVISED



THE HARTFORD

Change, Elimination or Addition of Automobile
Change of Coverage — Amendment of Declarations

Named Insured and Address

10 C A43342E

BOY SCOUTS OF AMERICA

NORTH BRUNSWICK N J

This endorsement forms a part of Policy No.
issued by THE HARTFORD INSURANCE GROUP company design-
ated therein, and takes effect as of the effective date stated herein.

10 22 75

Effective date..... 12:01 A. M., standard time at the address of the named
insured as stated herein.

the policy is amended, with respect only to such of the following items as are indicated by ☒:

- and insured's NAME is amended to read
and named insured's ADDRESS is amended to read
- ☐ 3. CHANGE OF COVERAGE — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.
- ☐ 4. The CLASSIFICATION for the Automobile designated herein is amended to read as follows:
- ☐ 5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification

☒ 6. Automobile(s) ADDED *Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principally Garaged In (Town, State)	*Purpose of Use	Rating Classification
75 DODGE P/U		DL1EE55164505		MENDHAM N J	C	IND TRUCK

List Price	Actual Cost	Purchased Mo./Yr. New-Used	Sym- bol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

SCHEDULE

T-25

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

*(Insert X in applicable column)				ACV means Actual Cash Value		PREMIUMS		
*Include	*Delete	*Amend Limits	COVERAGES	LIMITS OF LIABILITY		ANNUAL	ADDITIONAL	RETURN
				\$ 500	,000 each person			
			Bodily Injury Liability	\$ 500	,000 each occurrence	\$ 12.00	\$ 2.00	
			Medical Payments	\$ 5000	each person	\$ 19.00	\$ 4.00	
			Property Damage Liability	\$ 500	,000 each occurrence	\$ 4.00	\$ 1.00	
				\$ 15	,000 each person			
			Uninsured Motorists	\$ 30	,000 each accident	\$ 5.00	\$ 1.00	
				\$	ACV unless amount stated			
			Comprehensive	less \$	deductible	\$	\$	\$
			Collision	ACV less \$	deductible	\$	\$	\$
			Fire, Lightning or Transportation	\$	ACV unless amount stated	\$	\$	\$
			Theft	\$	ACV unless amount stated	\$	\$	\$
			Combined Additional	\$	ACV unless amount stated	\$	\$	\$
			Towing	\$	each disablement	\$	\$	\$

FR .195

Nothing herein contained shall be held to vary, waive, alter, or extend the policy as written, or to constitute a contract, or to be binding unless countersigned and accompanied by a copy of the policy.

A-3459-0 Printed in U.S.A.

Counter-signed by.....
Authorized Agent

CONFIDENTIAL

HARTFORD000485

Confidential - Subject to Protective
Order

HFBKPLAN015066

SA 3375

Named Insured and Address

This endorsement forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date _____ 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

*Comprehensive Automobile Liability Insurance
Automobile Physical Damage Insurance
Comprehensive General Liability Insurance
Personal Injury Liability Insurance
Contractual Liability Insurance*

Notice of Occurrence

It is agreed that notice of claim or suit to the insured, is to be deemed effective only when given to an executive officer or the insurance manager of B. S. A. National headquarters North Brunswick N.J.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company: provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

CONFIDENTIAL

HARTFORD000486

Confidential - Subject to Protective Order

HFBKPLAN015067

SA 3376

3/24/FC/BJ REVISED
WILSON AND ALL INC. 250480

This endorsement forms a part of Policy No. **10 C A43342E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL
ROUTE #1
NORTH BRUNSWICK, N. J.**

Effective date

4-1-75

12:01 A. M., standard time at the address of the named insured as stated herein.

NOTICE OF OCCURRENCE

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE
COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE**

*Comprehensive Physical Damage Insurance
Comprehensive Liability Insurance
Personal Injury Liability Insurance*

IT IS AGREED THAT NOTICE OF CLAIM OR SUIT TO THE INSURED, IS TO
BE DEEMED EFFECTIVE ONLY WHEN GIVEN TO AN EXECUTIVE OFFICER OR
THE INSURANCE MANAGER AT B.S.A. NATIONAL HEADQUARTERS, NORTH
BRUNSWICK, N. J.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company: provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000487

Confidential - Subject to Protective
Order

HFBKPLAN015068

SA 3377

PERSONAL INJURY LIABILITY INSURANCE — COVERAGE PART

COMPANY COPY

Und. Approved	Und. Notes:
Quality Control	

10 C A43342E

This Coverage Part forms a part of Policy No. issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective..... (at the hour stated in the policy) and forms a part of the above designated policy issued to.....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

SCHEDULE

The insurance afforded is only with respect to personal injury arising out of an offense included within such of the following groups of offenses as are indicated by specific premium charge or charges.

Coverage	Limits of Liability
PI—Personal Injury Liability	\$ 500,000 aggregate
Insured's participation %	

Groups of Offenses	Advance Premium
A. False Arrest, Detention or Imprisonment, or Malicious Prosecution	\$ INCL
B. Libel, Slander, Defamation or Violation of Right of Privacy	\$ INCL
C. Wrongful Entry or Eviction or Other Invasion of Right of Private Occupancy	\$ INCL
Minimum Premium \$	Total Advance Premium \$ INCL

Location and Description of Exposure	Premium Bases	Rates	Premium
ALL LOCATIONS OF THE INSURED (FILED WITH THE COMPANY)			INCL IN COMPOSITE RATE

Form Numbers or Endorsements forming part of this Coverage Part at issue:

ELIMINATION OF EXCL "C" AL 80A

If the Policy Period is more than one year, the Premium is Payable:

On effective date of Policy \$ 1st Anniversary 2nd Anniversary \$

The conditions and provisions printed on page PI-2 of this form are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, for all purposes of the policy, the signature of the agent shall constitute valid countersignature.

These documents constitute a complete and accurate copy of the policy.

Form I-3525-0 CDR Printed in U. S. A. (ISO: Advisory: PI 1/1/73)

PI-1

CONFIDENTIAL

HARTFORD000488

Confidential - Subject to Protective Order

HFBKPLAN015069

SA 3378

LIQUOR LIABILITY INSURANCE — COVERAGE PART

COMPANY COPY

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

This Coverage Part forms a part of Policy No. **10 C A43342E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective (at the hour stated in the policy) and forms a part of the above designated policy issued to.

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

SCHEDULE

The insurance afforded is with respect to the following coverage as indicated by specific premium charge. The limit of the company's liability against such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverage	Limits of Liability	Advance Premium
X — Liquor Liability	<i>See Single Limit</i> \$500,000 each common cause \$500,000 aggregate	\$ INCLUDED

Location of Insured Premises	Code No.	Premium Basis	Rate	Advance Premium
LIQUOR HOST LIABILITY ALL LOCATIONS COVERED BY POLICY <i>(Filed with the Company)</i>		Receipts	Per \$100 of Receipts	INCLUDED IN COMPOSITE RATE

Class of Business	TOTAL ADVANCE PREMIUM
	\$

Form Numbers of Endorsements forming part of this Coverage Part at issue:

If the Policy Period is more than one year, the Premium is Payable:

On effective date of Policy \$	1st Anniversary \$	2nd Anniversary \$
I. COVERAGE X — LIQUOR LIABILITY The company will pay on behalf of the insured all sums which the insured shall become legally obligated to pay as damages because of injury to which this insurance applies, sustained by any person if such liability is imposed upon the insured by reason of the selling, serving or giving of any alcoholic beverage at or from the insured premises, and the company shall have the right and duty to defend any suit against the insured seeking such damages, even if any of the allegations of the suit are groundless, false or fraudulent, and may make such investigation and settlement of any claim or suit as it deems expedient, but the company shall not be obligated to pay any claim or judgment or to defend any suit after the applicable limit of the company's liability has been exhausted by payment of judgments or settlements. Exclusions This insurance does not apply: (a) to any obligation for which the insured or any carrier as his insurer may be held liable under any workmen's compensation, unemployment compensation or disability benefits law, or under any similar law;		
(b) to bodily injury to any employee of the insured arising out of and in the course of his employment by the insured or to any obligation of the insured to indemnify another because of damages arising out of such injury; (c) to injury arising out of any alcoholic beverage sold, served or given while any license therefor, required by law, is suspended or after such license expires, is cancelled or revoked; (d) to bodily injury or property damage arising out of the named insured's products or reliance upon a representation or warranty made at any time with respect thereto; but this exclusion does not apply to bodily injury or property damage for which the insured or his indemnitee may be held liable if such liability is imposed (1) by, or because of the violation of, any statute, ordinance or regulation pertaining to the sale, gift, distribution or use of any alcoholic beverage, or (2) by reason of the selling, serving or giving of any alcoholic beverage to a minor or to a person under the influence of alcohol or which causes or contributes to the intoxication of any person.		

The conditions and provisions printed on page LL-2 of this form are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this Coverage Part.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Authorized Agent

Form L-3524-0 CDR Printed in U. S. A.

LL-1

CONFIDENTIAL

HARTFORD000489

Confidential - Subject to Protective Order

HFBKPLAN015070

SA 3379

ERRORS AND OMISSIONS INSURANCE—EMPLOYEE BENEFIT PROGRAMS

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date..... Effective hour is the same as stated in the Declarations of the policy.

LIMITS OF LIABILITY		SCHEDULE	Estimated Advance Premium
\$ 500,000	each claim		
\$ 500,000	aggregate		\$ INCLUDED IN COMPOSITE RATE

The company agrees with the Named Insured, in consideration of the payment of the premium and in reliance upon the statements in the declarations and in the schedule herein and subject to the limits of liability, exclusions, conditions and other terms of this endorsement:

- INSURING AGREEMENTS**
- I. **COVERAGE.** To pay on behalf of the Insured all sums which the Insured shall become legally obligated to pay on account of any claim made against the Insured and caused by any negligent act, error or omission of the Insured, or any other person for whose acts the Insured is legally liable in the administration of the Insured's Employee Benefit Programs as defined herein.
 - II. **DEFENSE, SETTLEMENT, SUPPLEMENTARY PAYMENTS.** As respects such insurance as is afforded by the terms of this endorsement, the company shall:
 - (a) defend in his name and behalf any suit against the Insured alleging such negligent act, error or omission and seeking damages on account thereof, even if such suit is groundless, false or fraudulent; but the company may make such investigation and negotiation and, with the written consent of the Insured, such settlement of any claim or suit as the company deems expedient;
 - (b) pay all premiums on bonds to release attachments for an amount not in excess of the applicable limit of liability of this endorsement, all premiums on appeal bonds required in any such defended suit, but without any obligation to apply for or furnish such bonds, all costs taxed against the Insured in any such suit, all expenses incurred by the company, all interest accruing after entry of judgment until the company has paid, tendered or deposited in court such part of such judgment as does not exceed the limit of the company's liability thereon;
 - (c) reimburse the Insured for all reasonable expenses, other than loss of earnings, incurred at the company's request; and the amounts under this insuring agreement, except settlements of claims and suits, are payable by the company in addition to the applicable limit of liability of this endorsement.
 - III. **DEFINITIONS.**
 - (a) "Insured" — The unqualified word "Insured", wherever used, includes not only the Named Insured, but also any partner, executive officer, director, stockholder or employee, provided such employee is authorized to act in the administration of the Insured's Employee Benefit Programs.
 - (b) "Employee Benefit Programs" — The term "Employee Benefit Programs" shall mean Group Life Insurance, Group Accident or Health Insurance, Pension Plans, Employee Stock Subscription Plans, Workmen's Compensation, Unemployment Insurance, Social Security and Disability Benefits.
 - (c) "Administration" — The unqualified word "Administration", wherever used, shall mean:
 - (1) giving counsel to employees with respect to Employee Benefit Programs;
 - (2) interpreting Employee Benefit Programs;
 - (3) handling of records in connection with Employee Benefit Programs;
 - (4) effecting enrollment of employees under Employee Benefit Programs;
 provided all such acts are authorized by the Named Insured.
 - IV. **ENDORSEMENT PERIOD, TERRITORY.** This endorsement applies only to claims under the local jurisdiction of a court of law within the United States of America, its territories or possessions or Canada, resulting from negligent acts, errors or omissions of the Insured, or any person acting on behalf of the Insured in the administration of Employee Benefit Programs provided such claim is brought against the Named Insured during the policy period and the Named Insured at the effective date of this endorsement had no knowledge of or could not have reasonably foreseen any circumstances which might result in a claim or suit.

EXCLUSIONS

This endorsement does not apply:

- (a) to any dishonest, fraudulent, criminal or malicious act, libel, slander, discrimination, or humiliation;
- (b) to bodily injury to, or sickness, disease, or death, of any person, or to injury to or destruction of any tangible property, including the loss of use thereof;
- (c) to any claim for failure of performance of contract by an insurer;
- (d) to any claim based upon:
 - (1) failure of stock to perform as represented by an insured,
 - (2) advice given by an insured to an employee to participate or not to participate in stock subscription plans.

CONDITIONS

1. **Policy Conditions.** All the Conditions of the policy which would apply to the bodily injury or property damage liability coverages thereof shall apply to the insurance under this endorsement except those respecting "Premium", "Definitions" and "Limits of Liability".
2. **Limits of Liability**
 - (a) Subject to the provisions of the following paragraphs, the limit of liability stated in the schedule herein as applicable to "each claim" is the limit of the company's liability for all damages on account of each claim or suit covered hereunder; the limit of liability stated in the schedule herein as "aggregate", is, subject to the above provision respecting "each claim", the total limit of the company's liability hereunder for all damages.
 - (b) \$1,000 shall be deducted from the total amount resulting from each claim and the company shall be liable only for the difference between such deductible amount and the amount of insurance otherwise applicable to each claim. Such deductible amount shall not apply to the coverage provided under Insuring Agreement II.
 - (c) The terms of this endorsement and the policy, including those with respect to notice of claim or suit and the company's right to investigate, negotiate and settle any claim or suit, apply irrespective of the application of the deductible amount. If the company undertakes to negotiate or settle any claim or suit, the Insured agrees to join the company in such negotiation or settlement to the extent of the amount to be deducted as herein provided, or to reimburse the company for such deductible amount, if and when such claim is paid by the company.
 - (d) The inclusion herein of more than one insured shall not operate to increase the limits of the company's liability.
3. **Premium.** The premium developed by this endorsement shall be determined in accordance with the following schedule of rates and is subject to adjustment at audit:

Estimated Number of Employees	Rate (Each Employee)	Estimated Premium
.....First 5,000
.....Next 5,000
.....Over 10,000
INCLUDED IN COMPOSITE RATE		\$
		\$
		Total \$

If the policy period of the policy to which this endorsement is attached is more than one year, upon termination of each annual period of the policy the Insured, on request, will furnish the company a statement of personnel changes during the policy period and the earned premium shall be computed in accordance with the above rates. If the earned premium thus computed exceeds the estimated advance premium paid, the Insured shall pay the excess to the company; if less, the company shall return to the Insured the unearned portion paid by such Insured.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form L-2853-1 Printed in U. S. A. 6-66

The company located these documents in its business records. At this time, the company does not verify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000490

Confidential - Subject to Protective Order

HFBKPLAN015071

SA 3380

REAL PROPERTY — LIABILITY — FIRE

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. 4E
issued by THE HARTFORD INSURANCE GROUP company design-
ated therein, and takes effect as of the effective date of said policy
unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the *named insured* as
stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE
MANUFACTURERS' AND CONTRACTORS' LIABILITY INSURANCE
OWNERS', LANDLORDS' AND TENANTS' LIABILITY INSURANCE

It is agreed that the Property Damage Liability Coverage applies to *property damage* to structures or portions thereof rented to or occupied by the *named insured* and described in this endorsement, including fixtures permanently attached thereto, if such *property damage* arises out of fire, subject to the following additional provisions:

1. With respect to the insurance provided by this endorsement, all of the exclusions of the policy, other than the Nuclear Energy Liability Exclusion (Broad Form), are deleted and replaced by the following:

This insurance does not apply to liability assumed by the *insured* under any contract or agreement.

2. The limit of liability stated in this endorsement applies separately to the insurance under this endorsement and is in lieu of any other limit of liability stated in the policy.

Description of Property	Limit of Liability	Rate (per \$100 of Limit)	Premium
	\$	each occurrence	

SEE FORM AL 8 0 C

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form L-3037-1 Printed in U. S. A. 10-69 (NBCU: G 209)

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000491

Confidential - Subject to Protective
Order

HFBKPLAN015072

SA 3381

96
10 C A43342E

Named Insured and Address:

This endorsement forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date: 12:01 A. M., standard time at the address of the named insured as stated herein.

INCIDENTAL MALPRACTICE LIABILITY ENDORSEMENT

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE

IT IS AGREED THAT:

- 1) THE DEFINITION OF "BODILY INJURY" IS AMENDED TO INCLUDE INJURY ARISING OUT OF THE RENDERING OF OR FAILURE TO RENDER PROFESSIONAL SERVICES BY ANY PHYSICIAN, DENTIST OR NURSE WHILE EMPLOYED BY THE NAMED INSURED TO PROVIDE SUCH SERVICES.

- 2) EXCLUSION ⁵ (H) DOES NOT APPLY TO INJURY TO THE EMOTIONS OR REPUTATION OF A PERSON ARISING OUT OF THE RENDERING OF SUCH SERVICES

~~3) LIMITS OF LIABILITY 500,000 COMBINED SINGLE LIMIT~~

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

actual
The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000492

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HFBKPLAN015073

SA 3382

ADDITIONAL INSURED (Vendors - Broad Form)

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 12:01 A.M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE
COMPLETED OPERATIONS AND PRODUCTS LIABILITY INSURANCE

It is agreed that the "Persons Insured" provision is amended to include any person or organization (herein referred to as "Vendor") as an Insured but only with respect to the distribution or sale in the regular course of the Vendor's business of the Named Insured's products subject to the following additional provisions:

1. The insurance with respect to the Vendor does not apply to:
 - (a) any express warranty unauthorized by the Named Insured;
 - (b) bodily injury or property damage arising out of
 - (i) any physical or chemical change in the form of the product made intentionally by the Vendor,
 - (ii) repacking, unless unpacked solely for the purpose of inspection, demonstration, testing or the substitution of parts under instruction from the manufacturer and then repacked in the original container
 - (iii) demonstration, installation, servicing or repair operations, except such operations performed at the Vendor's premises in connection with the sale of the product, or
 - (iv) products which after distribution or sale by the Named Insured have been labeled or relabeled or used as a container, part or ingredient or any other thing or substance by or for the Vendor.
2. The insurance does not apply to any person or organization, as insured, from whom the Named Insured has acquired such products or any ingredient, part or container, entering into, accompanying or containing such products.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



THE HARTFORD
INSURANCE GROUP
HARTFORD, CONNECTICUT

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form L-3239-0 Printed in U.S.A. 10-'68 (NBCU: G-113)

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HARTFORD000493

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HFBKPLAN015074

SA 3383

Mexican Endorsement



THE HARTFORD

It is agreed that such insurance as is afforded by the policy also applies while the automobile is being operated in the Republic of Mexico for a period not exceeding ten days at any one time, provided that, while the automobile is being so operated, the insurance shall be excess insurance over any other valid and collectible insurance.

Nothing herein contained shall be held to vary, waive, alter or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement forms a part of the policy, issued by THE HARTFORD INSURANCE GROUP company designated therein, to which it is attached and takes effect as of the effective date of said policy.

J. H. Schenck
President

Warning

Unless you have automobile insurance written by a Mexican insurance company, you may spend many hours or days in jail, if you have an accident in Mexico. Insurance coverage should be secured from a company licensed under the laws of Mexico to write such insurance in order to avoid complications and some other penalties possible under the laws of Mexico, including the possible impoundment of your automobile.

We suggest that as you approach the border between the United States and Mexico, you should check the records of the insurance agent in that area. Many of these agents advertise extensively along the highway that they can provide the necessary coverage. We leave to your good judgment and discretion the reputability of the agent you select. Only that agent's documents constitute a complete and accurate copy of the policy.

A-2036-3 Printed in U. S. A.

CONFIDENTIAL

HARTFORD000494

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Order

HFBKPLAN015075

SA 3384

AUTOMOBILE

PROTECTION AGAINST UNINSURED MOTORISTS INSURANCE (NEW JERSEY)

This endorsement forms a part of the policy issued by THE HARTFORD INSURANCE GROUP company designated therein, which indicates this endorsement forms a part thereof, and takes effect as of the effective date of said policy.

SCHEDULE		
Designated Insured	Advance Premium	Limits of Liability
	Included	Bodily Injury Liability: 15 thousand dollars each person 30 thousand dollars each accident Property Damage Liability: 5 thousand dollars each accident

Description of Insured Highway Vehicles:

An insured highway vehicle is any highway vehicle registered or principally garaged in New Jersey (1) which is designated by ☒ below or (2) if no ☒ is entered below, which is an owned automobile under Section I of the policy.

- ☐ A private passenger automobile owned by the named insured
- ☐ Owned by the named insured
- ☐ Designated in the declarations of the policy by the letters "UM" and any highway vehicle of the same type ownership of which is acquired during the policy period by the named insured as a replacement thereof
- ☐ Any mobile equipment owned by the named insured

In consideration of the payment of premium and subject to all of the provisions of this endorsement and to the applicable provisions of the policy, the company agrees with the named insured as follows:

I. UNINSURED MOTORISTS COVERAGE

(Damages for Bodily Injury and Property Damage Caused by Uninsured Highway Vehicles)

The company will pay all sums which the insured or his legal representative shall be legally entitled to recover as damages from the owner or operator of an uninsured highway vehicle because of bodily injury or property damage, caused by accident and arising out of the ownership, maintenance or use of such uninsured highway vehicle; provided, for the purposes of this coverage, determination as to whether the insured or such representative is legally entitled to recover such damages, and if so the amount thereof, shall be made by agreement between the insured or such representative and the company or, if they fail to agree, by arbitration.

No judgment against any person or organization alleged to be legally responsible for the bodily injury or property damage shall be conclusive as between the insured and the company, or the issue of liability of such person or organization or of the amount of damages to which the insured is legally entitled under such judgment is deemed pursuant to an action prosecuted by the insured with the written consent of the company.

Exclusions

This insurance does not apply:

- to bodily injury or property damage with respect to which the insured, his legal representative or any person entitled to payment under this insurance shall, without written consent of the company, make any settlement with any person or organization who may be legally liable therefor;
- to bodily injury to an insured while occupying a highway vehicle (other than an insured highway vehicle) owned by the named insured, any designated insured or any relative resident in the same household as the named or designated insured, or through being struck by such a vehicle, but this exclusion does not apply to the named insured or his relatives while occupying or if struck by a highway vehicle owned by a designated insured or his relatives;
- to property contained in or struck by a highway vehicle (other than an insured highway vehicle) owned by the named insured, any designated insured or any relative resident in the same household as the named or designated insured, but this exclusion does not apply to property of the named insured or his relatives while contained in or struck by a highway vehicle owned by a designated insured or his relatives;
- so as to insure directly or indirectly to the benefit of any workmen's compensation or disability benefits carrier or any person or organization qualifying as a self-insurer under any workmen's compensation or disability benefits law or any similar law;
- to the first \$100 of the amount of property damage to the property of each insured as the result of any one accident;
- so as to insure directly or indirectly to the benefit of any insurer of property;
- to property damage arising out of the ownership, maintenance or use of a hit-and-run vehicle.

II. PERSONS INSURED

Each of the following is an insured under this insurance to the extent set forth below:

- the named insured and any designated insured and, while residents of the same household, the spouse and relatives of either;
- any other person while occupying an insured highway vehicle; and
- any person, with respect to damages he is entitled to recover because of bodily injury to which this insurance applies sustained by an insured under (a) or (b) above.

The insurance applies separately with respect to each insured, except with respect to the limits of the company's liability.

III. LIMITS OF LIABILITY

Regardless of the number of insureds under this insurance, the company's liability is limited as follows:

- The limit of bodily injury liability stated in the schedule as applicable to "each person" is the limit of the company's liability for all damages because of bodily injury sustained by one person as the result of any one accident and, subject to the above provision respecting "each person", the limit of liability stated in the schedule as applicable to "each accident" is the total limit of the company's liability for all damages because of bodily injury sustained by two or more persons as the result of any one accident.
- The limit of property damage liability stated in the schedule is the total limit of the company's liability for all damages because of property damage to all property of one or more insureds as the result of any one accident.
- Any amount payable under the terms of this insurance because of bodily injury or property damage sustained in an accident by a person who is an insured shall be reduced by:
 - all sums paid on account of such bodily injury or property damage by or on behalf of
 - the owner or operator of the uninsured highway vehicle and
 - any other person or organization jointly or severally liable together with such owner or operator for such bodily injury or property damage,
 including all sums paid under the bodily injury or property damage liability coverage of the policy, and
 - the amount paid and the present value of all amounts payable on account of such bodily injury under any workmen's compensation law, disability benefits law or any similar law.
- Any payment made under this insurance to or for any insured shall be applied in reduction of the amount of damages which he may be entitled to recover from any person insured under the bodily injury or property damage liability coverage of the policy.
- The company shall not be obligated to pay under this insurance the part of the damages which the insured may be entitled to recover from the owner or operator of an uninsured highway vehicle which represents expenses for medical services paid or payable under the medical payments or medical expense coverage of the policy or which represents loss paid or payable to the insured under any automobile physical damage insurance of the policy.

IV. POLICY PERIOD/TERRITORY

This insurance applies only to accidents which occur during the policy period and within the United States of America, its territories or possessions, or Canada.

V. ADDITIONAL DEFINITIONS

When used in reference to this insurance (including endorsements forming a part of the policy):

"bodily injury" means bodily injury, sickness or disease, including death, sustained by an insured under (a) or (b) of the Persons Insured provision;

"designated insured" means an individual named in the schedule under Designated Insured and also includes his spouse, if a resident of the same household;

"highway vehicle" means a land motor vehicle or trailer other than

- a farm type tractor or other equipment designed for use principally off public roads, while not upon public roads;
- a vehicle operated on rails or crawler-tracks; or
- a vehicle while located for use as a residence or premises;

"hit-and-run vehicle" means (1) a highway vehicle which causes an accident resulting in bodily injury to an insured arising out of physical contact of such vehicle with the insured or with a vehicle which the insured is occupying at the time of the accident, or (2) a highway vehicle which without physical contact with the insured or with a vehicle which the insured is occupying at the time of the accident causes bodily injury to an insured arising out of an accident in New Jersey, provided:

- there cannot be ascertained the identity of either the operator or owner of such highway vehicle; and
- the insured or someone on his behalf shall have reported the accident within 48 hours to a police, peace or judicial officer or to the Commissioner of Motor Vehicles, and shall have filed with the company within 30 days thereafter a statement under oath that the insured or his legal representative has a cause or causes of action arising out of such accident for damages against a person or persons whose identity is unascertainable, and setting forth the facts in support thereof; and
- at the company's request, the insured or his legal representative makes available for inspection the vehicle which the insured was occupying at the time of the accident; and
- with respect to subdivision (ii) the facts of such accident can be corroborated by competent evidence other than the testimony of any person having a claim under this or any other similar insurance as the result of such accident.

"insured highway vehicle" means a highway vehicle.

- described in the schedule as an insured highway vehicle to which the bodily injury and property damage liability coverage of the policy applies;
- while temporarily used as a substitute for an insured highway vehicle as described in subparagraph (a) above, when withdrawn from normal use because of its breakdown, repair, servicing, loss or destruction;
- while being operated by the named or designated insured or by the spouse of the named or designated insured, but the term "insured highway vehicle" shall not include:

- a vehicle while used as a public or livery conveyance, unless such use is authorized in writing by the company; and
- a vehicle while being used without the permission of the owner;

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HARTFORD000495

HFBKPLAN015076

SA 3385

- (iii) under subparagraphs (b) and (c) above, a vehicle owned by the named insured, any designated insured or any resident of the same household as the named or designated insured; or
- (iv) under subparagraphs (b) and (c) above, a vehicle furnished for the regular use of the named insured or any resident of the same household.
- "named insured" means the individual named in item 1 of the declarations and also includes his spouse, if a resident of the same household;
- "occupying" means in or upon or entering into or alighting from;
- "property damage" means injury to or destruction of (i) an insured highway vehicle owned by the named insured or his spouse, if a resident of the same household, (ii) any property owned by an insured under (a) or (b) of the Persons Insured provision while contained in such insured highway vehicle and (iii) any property owned by an insured under (a) of the Persons Insured provision while contained in any insured highway vehicle;
- "state" includes the District of Columbia, a territory or possession of the United States, and a province of Canada;
- "uninsured highway vehicle" means:
- a highway vehicle with respect to the ownership, maintenance or use of which there is, in at least the amount specified by the financial responsibility law of the state in which the insured highway vehicle is principally garaged, no bodily injury and property damage liability bond or insurance policy applicable at the time of the accident with respect to any person or organization legally responsible for the use of such vehicle, or with respect to which there is a bodily injury and property damage liability bond or insurance policy applicable at the time of the accident but the company writing the same denies coverage thereunder or is or becomes insolvent; or
 - a hit-and-run vehicle, but only with respect to bodily injury caused thereby;
- but the term "uninsured highway vehicle" shall not include:
- an insured highway vehicle,
 - a highway vehicle which is owned or operated by a self-insurer within the meaning of any motor vehicle financial responsibility law, motor carrier law or any similar law,
 - a highway vehicle which is owned by the United States of America, Canada, a state, a political subdivision of any such government or an agency of any of the foregoing.

VI. ADDITIONAL CONDITIONS

A. Policy Provisions.

None of the Insuring Agreements, Exclusions, Conditions or other provisions of the policy shall apply to the insurance afforded by this endorsement except the Conditions "Notice" (or "Notice of Accident") or "Insured's Duties in Event of Occurrence, Claim or Suit", "Changes", "Assignment", "Cancellation" and "Declarations".

B. Premium.

If during the policy period the number of insured highway vehicles owned by the named insured or spouse or the number of dealer's license plates issued to the named insured changes, the named insured shall notify the company during the policy period of any change and the premium shall be adjusted in accordance with the manual in use by the company. If the earned premium thus computed exceeds the advance premium paid, the named insured shall pay the excess to the company; if less, the company shall return to the named insured the unearned portion paid by such insured.

C. Proof of Claim.

As soon as practicable, the insured or other person making claim shall give to the company written proof of claim, under oath if required, including full particulars of the nature and extent of the injuries, treatment, and other details entering into the determination of the amount payable hereunder. The insured and every other person making claim hereunder shall submit to examinations under oath by any person named by the company and subscribe the same, as often as may reasonably be required. Proof of claim shall be made upon forms furnished by the company unless the company shall have failed to furnish such forms within 15 days after receiving notice of claim.

The injured person shall submit to physical examinations by physicians selected by the company when and as often as the company may reasonably require and he, or in the event of his incapacity his legal representative, or in the event of his death his legal representative or the person or persons entitled in his estate, shall upon each request from the company execute authorization to enable the company to obtain medical reports and copies of records.

The insured or other person making claim for damage to property shall file proof of loss with the company within sixty days after the occurrence of loss, unless such time is extended in writing by the company, in the form of a sworn statement setting forth the interest of the insured and of all others in the property affected, any enhancement thereon, the actual cash value thereof at time of loss, the amount, place, time and cause of such loss, and the description and amounts of all other insurance covering such property. Upon the company's request, the insured shall exhibit the damaged property to the company.

D. Assistance and Cooperation of the Insured.

After notice of claim under this insurance, the company may require the insured to take such action as may be necessary or appropriate to preserve his right to recover damages from any person or organization alleged to be legally responsible for the bodily injury or property damage, and in any action against the company, the company may require the insured to join such person or organization as a party defendant.

E. Notice of Legal Action.

If, before the company makes payment of loss hereunder, the insured or his legal representative shall institute any legal action for bodily injury or property damage against any person or organization legally responsible for the use of a highway vehicle involved in the accident, a copy of the summons and complaint or other process served in connection with such legal action shall be forwarded immediately to the company by the insured or his legal representative.

F. Other Insurance.

With respect to bodily injury to an insured while occupying a highway vehicle not owned by the named insured, this insurance shall apply only as excess insurance over any other similar insurance available to such insured and applicable to such vehicle as primary insurance, and this insurance shall then apply only in the amount by which the limit of liability for this coverage exceeds the applicable limit of liability of such other insurance. Except as provided in the foregoing paragraph, if the insured has other similar insurance available to him and applicable to the accident, the damages shall be deemed not to exceed the higher of the applicable limits of liability of this insurance and such other insurance, and the company shall not be liable for a greater proportion of any loss to which this coverage applies than the limit of liability hereunder bears to the sum of the applicable limits of liability of this insurance and such other insurance.

With respect to property damage, the insurance hereunder shall apply only as excess insurance over any other valid and collectible insurance of any kind applicable to such property damage, and this insurance shall apply only to the amount by which the limit of liability for this coverage exceeds the amount recoverable under such other insurance.

G. Arbitration.

If any person making claim hereunder and the company do not agree that such person is legally entitled to recover damages from the owner or operator of an uninsured highway vehicle because of bodily injury or property damage to the insured, or do not agree as to the amount of payment which may be owing under this insurance, then, upon written demand of either, the matter shall be referred to arbitration by the American Arbitration Association unless other means of conducting the arbitration are agreed to between the insured and the company, and judgment upon the award rendered by the arbitrators may be entered in any court having jurisdiction thereof. Such person and the company each agree to consider itself bound and to be bound by any award made by the arbitrators pursuant to this insurance.

H. Trust Agreement.

In the event of payment to any person under this insurance:

- the company shall be entitled to the extent of such payment to the proceeds of any settlement or judgment that may result from the exercise of any rights of recovery of such person against any person or organization legally responsible for the bodily injury or property damage because of which such payment is made;
- such person shall hold in trust for the benefit of the company all rights of recovery which he shall have against such other person or organization because of the damages which are the subject of claim made under this insurance;
- such person shall do whatever is proper to secure and shall do nothing after loss to prejudice such rights;
- if requested in writing by the company, such person shall take, through any representative designated by the company, such action as may be necessary or appropriate to recover such payment as damages from such other person or organization, such action to be taken in the name of such person; in the event of a recovery, the company shall be reimbursed out of such recovery for expenses, costs and attorneys' fees incurred by it in connection therewith;
- such person shall execute and deliver to the company such instruments and papers as may be appropriate to secure the rights and obligations of such person and the company established by this provision.

I. Payment of Loss by the Company.

Any amount due hereunder is payable

- to the insured, or
- if the insured be a minor to his parent or guardian, or
- if the insured be deceased in his surviving spouse, otherwise
- to a person authorized by law to receive such payment or to a person legally entitled to recover the damages which the payment represents; provided, the company may at its option pay any amount due hereunder in accordance with division (d) hereof.

J. Action Against Company.

No action shall lie against the company unless, as a condition precedent thereto, the insured or his legal representative has fully complied with all the terms of the policy applicable to this coverage.

K. This endorsement replaces any other provisions of the policy, including any endorsement forming a part thereof, affording similar insurance with respect to any damages arising out of the ownership, maintenance or use of an uninsured vehicle or a hit-and-run vehicle.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.



THE HARTFORD
INSURANCE GROUP
HARTFORD, CONNECTICUT

Form A 2993-0 Printed in U.S.A. 11-72 (ISO-A914)

The company denies these documents are its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

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HARTFORD000496

HFBKPLAN015077

SA 3386

AMENDMENT - LIMITS OF LIABILITY (Single Limit)

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

Comprehensive Automobile Liability Insurance

SCHEDULE

Coverages	Limits of Liability
<u>Bodily Injury Liability</u> and <u>Property Damage Liability</u>	\$ 500,000 each ^{person} occurrence
	\$ 500,000 ^{occurrence} aggregate month

It is agreed that provisions of the policy captioned "LIMITS OF LIABILITY" relating to bodily injury liability and property damage liability are amended to read as follows:

LIMITS OF LIABILITY

Regardless of the number of (1) insureds under this policy, (2) persons or organizations who sustain bodily injury or property damage, (3) claims made or suits brought on account of bodily injury or property damage or (4) automobiles or units of mobile equipment to which this policy applies, the company's liability is limited as follows:

Bodily Injury Liability and Property Damage Liability:

- (a) The limit of liability stated in the schedule as applicable to "each occurrence" is the total limit of the company's liability for all damages because of bodily injury or property damage as a result of any one occurrence, provided that with respect to any occurrence for which notice of this policy is given in lieu of security or when this policy is certified as proof of financial responsibility under the provisions of the Motor Vehicle Financial Responsibility Law of any state or province such limit of liability shall be applied to provide the separate limits required by such law for bodily injury liability and property damage liability to the extent of the coverage required by such law, but the separate application of such limit shall not increase the total limit of the company's liability.
- (B) For the purpose of determining the limit of the company's liability, all bodily injury and property damage arising out of continuous or repeated exposure to substantially the same general conditions shall be considered as arising out of one occurrence.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

ALFOB/

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HFBKPLAN015078

SA 3387

11-18-AVD, LSON & ALLEN, INC. 250480

Change, Elimination or Addition of Automobile
Change of Coverage — Amendment of Declarations

THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43342E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date stated herein.

BOY SCOUTS OF AMERICA.**NORTH BRUNSWICK, NJ.**Effective date... **10-22-75.**

12:01 A. M., standard time at the address of the named insured as stated herein.

It is agreed that the policy is amended, with respect only to such of the following Items as are indicated by ☒:

Item

- ☐ 1. The named insured's NAME is amended to read
- ☐ 2. The named insured's ADDRESS is amended to read
- ☐ 3. CHANGE OF COVERAGE — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.
- ☐ 4. The CLASSIFICATION for the Automobile designated herein is amended to read as follows:
- ☐ 5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.

6. Automobile(s) ADDED ---

Purposes of Use (1' and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principally Garaged In (Town, State)	Purpose of Use	Rating Classification
75 DODGE P/U	D11B55164505	GVN1195		MENDHAM, NJ	C	034986
						1.40
List Price	Actual Cost	Purchased Mo./Yr. New/Used	Sym- bol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

*never entered***T-25**

SCHEDULE

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

★(Insert X in applicable column)				ACV means Actual Cash Value		PREMIUMS		
★ Include	★ Delete	★ Amend Limits	COVERAGES	LIMITS OF LIABILITY		ANNUAL	ADDITIONAL	RETURN
			Bodily Injury Liability	\$ 500	,000 each person			
			Medical Payments	\$ 500	,000 each occurrence	\$ 95	\$ 19	\$
			Property Damage Liability	\$ 500	each person	\$ 26	\$ 5	\$
				\$ 500	,000 each occurrence	\$ 87	\$ 17	\$
			Uninsured Motorists	\$ 15	,000 each person			
				\$ 30	,000 each accident	\$ 2	\$	\$
			Comprehensive	\$	ACV unless amount stated			
			Collision	less \$	deductible	\$	\$	\$
				ACV less \$	deductible	\$	\$	\$
			Fire, Lightning or Transportation	\$	ACV unless amount stated	\$	\$	\$
			Theft	\$	ACV unless amount stated	\$	\$	\$
			Combined Additional	\$	ACV unless amount stated	\$	\$	\$
			Towing	\$	each disablement	\$	\$	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated. This endorsement shall not be binding unless countersigned by the named insured and the authorized agent of the policy.

A-3459-0 Printed in U.S.A.

Countersigned by

Authorized Agent

CONFIDENTIAL

HARTFORD000498

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Order

HFBKPLAN015079

SA 3388

A/P \$61.00

10/21/RM WILSON & ALLEN INC 250480

AP-61.00

10 C A43342E

This endorsement forms a part of Policy No. issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

BOY SCOUTS OF AMERICA

NORTH BRUNSWICK, N.J.

Effective date 8/31/75 - 1/1/76

12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

AUTOMOBILE PHYSICAL DAMAGE INS.

COMPREHENSIVE ONLY

IT IS HEREBY UNDERSTOOD AND AGREED THE FOLLOWING VEHICLES DESCRIBED ON THE ATTACHED SCHEDULE ARE COVERED FOR COMPREHENSIVE ONLY FROM 8/31/75 TO 1/1/76.

[Handwritten signature]

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

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HARTFORD000499

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HFBKPLAN015080

SA 3389

A/P 0.00

10/21/RH WILSON & ALLEN INC 250480

A.P. 140

Named Insured and Address

BOY SCOUTS OF AMERICA

NORTH BRUNSWICK, N.J.

This endorsement forms a part of Policy No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 6/1/75 TO 8/31/75

12:01 A. M., standard time at the address of the named insured as stated herein.

ment modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY

IT IS HEREBY UNDERSTOOD AND AGREED THE FOLLOWING VEHICLES DESCRIBED ON THE ATTACHED SCHEDULE ARE COVERED FOR LIABILITY ONLY.

ENTRY UNNECESSARY

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000500

Confidential - Subject to Protective Order

HFBKPLAN015081

SA 3390

10/21/RM WILSON & ALLEN INC 250480

R/P \$198.00

10 C A43342E

Named Insured and Address

BOY SCOUTS OF AMERICA

NORTH BRUNSWICK N.J.

This endorsement forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

1/1/75

Effective date

12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

AUTOMOBILE PHYSICAL DAMAGE INSURANCE

IT IS HEREBY UNDERSTOOD AND AGREED THE FOLLOWING VEHICLES DESCRIBES BELOW, COMPREHENSIVE COVERAGE ARE DELETED :

#		COMP
23	72 CHEV CARRYALL #CCE262F174138	28.00
24	72 CHEV CARRYALL #CCE262F162143	28.00
25	73 CHEV CARRYALL #CCZ263F171514	52.00
26	73 CHEV CARRYALL #CCZ263F171671	52.00
27	71 CHEV CARRYALL #CS261F650350	38.00
		<u>\$198.00</u>

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

CONFIDENTIAL

HARTFORD000501

Confidential - Subject to Protective Order

HFBKPLAN015082

SA 3391

10/21/RM WILSON & ALLEN INC 250480
Schedule of Automobiles and Covered Automobiles

This Schedule forms a part of Policy No. **0 C A43342E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date **6/1/75 TO 8/31/75**
 12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls. - Truck Load Gallonage Bus Seating Capacity	Identification No. (D) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages					
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Auto. ACV (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)	Towing and Labor Costs
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Auto. ACV (Actual Cash Value)	Deductible if any	Rates	Premiums	Premiums
23	72 CHEV CARRYALL CCE262F162143			C		\$ 13.00	\$ 14.00		\$	\$		\$	\$
	ORRINGTON, MAINE		10	5CA		\$	\$ 1.00		\$	\$		\$	\$
24	72 CHEV CARRYALL CCE262F162143			C		\$ 13.00	\$ 14.00		\$	\$		\$	\$
	ORRINGTON, MAINE		10	5CA		\$	\$ 1.00		\$	\$		\$	\$
25	73 CHEV CARRYALL CCZ263F171514			C		\$ 13.00	\$ 14.00		\$	\$		\$	\$
	ORRINGTON, MAINE		10	5CA		\$	\$ 1.00		\$	\$		\$	\$
26	73 CHEV CARRYALL CCZ263F171671			C		\$ 13.00	\$ 14.00		\$	\$		\$	\$
	ORRINGTON, MAINE		10	5CA		\$	\$ 1.00		\$	\$		\$	\$
27	71 CHEV CARRYALL CS261F650350			C		\$ 13.00	\$ 14.00		\$	\$		\$	\$
	ORRINGTON, MAINE		10	5CA		\$	\$ 1.00		\$	\$		\$	\$
						\$	\$		\$	\$		\$	\$
						\$	\$		\$	\$		\$	\$
						\$	\$		\$	\$		\$	\$
						\$	\$		\$	\$		\$	\$
						\$	\$		\$	\$		\$	\$

†Not Available in California *P & B = Pleasure and Business, C = Commercial

LOSS PAYEE - IDENTIFY BY UNIT OR ENTRY NO.

No. Name and Address of Loss Payee

The company hereby certifies that these documents are its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

A-3471-6 Printed in U. S. A.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000502

HFBKPLAN015083

SA 3392

SA 3393

6-18- AVE. WILSON & ALLEN, INC. 250480.

Change, Elimination or Addition of Automobile
Change of Coverage — Amendment of Declarations

THE HARTFORD

Named Insured and Address

10 C A43342E

BOY SCOUTS OF AMERICA

NORTH BRUNSWICK N J

This endorsement forms a part of Policy No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date stated herein.

Effective date 5-23-75 TO 8-23-75.

12:01 A. M., standard time at the address of the named insured as stated herein.

Need that the policy is amended, with respect only to such of the following Items as are indicated by ☒:

Insured's NAME is amended to read

Insured's ADDRESS is amended to read

☐ 3. CHANGE OF COVERAGE — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.☐ 4. The CLASSIFICATION for the Automobile designated herein is amended to read as follows:☐ 5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification	Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification

6. Automobile(s) ADDED —

*Purposes of Use P = and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principally Garaged in (Town, State)	Purpose of Use	Rating Classification
75 FORD P/U F100		5510CPV60215		ELY RICH	C	6-07
List Price	Actual Cost	Purchased Mo./Yr. New-Used	Symbol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy, such amendments apply only with respect to the following automobile(s):

SCHEDULE

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

★(Insert X in applicable column)				ACV means Actual Cash Value		PREMIUMS		
★ Include	★ Delete	★ Amend Limits	COVERAGES	LIMITS OF LIABILITY		ANNUAL	ADDITIONAL	RETURN
X			Bodily Injury Liability	\$ 500	,000 each person	\$	\$	\$
			Medical Payments	\$ 500	each person	\$ 39	\$ 10	\$
			Property Damage Liability	\$ 500	,000 each occurrence	\$ 20	\$ 5	\$
X			Uninsured Motorists	\$ 10	,000 each accident	\$ 3	\$ 1	\$
X			Comprehensive	\$ 20	ACV unless amount stated less \$ deductible	\$	\$	\$
			Collision	ACV less \$	deductible	\$	\$	\$
			Fire, Lightning or Transportation	\$	ACV unless amount stated	\$	\$	\$
			Theft	\$	ACV unless amount stated	\$	\$	\$
			Combined Additional	\$	ACV unless amount stated	\$	\$	\$
			Towing	\$	each disablement	\$	\$	\$
X			PIP			\$ 5	\$ 1	\$

Nothing herein contained shall be held to vary, waive, alter, or extend above or hereby stated. This endorsement shall not be binding unless countersigned and attached to the policy.

A-3459-0 Printed in U.S.A.

Countersigned by

Authorized Agent

CONFIDENTIAL

HARTFORD000504

Confidential - Subject to Protective
Order

HFBKPLAN015085

SA 3394

6-18-AVD, WILSON & ALLEN, INC., 250480.

A/P 546.00

Named Insured and Address

This endorsement forms a part of Policy No. 10-6-0432425 issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

BOY SCOUTS OF AMERICA.

NORTH BRUNSWICK, N J.

Effective date 6-4-75. 12:01 A. M., standard time at the address of the named insured as stated herein.

modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE.

IT IS HEREBY UNDERSTOOD AND AGREED THE FOLLOWING VEHICLES DESCRIBES BELOW ARE COVERED FOR LIABILITY ONLY, GARAGE BOULDERJUNCT, WISCONSIN, T-09.

#28	1969 CHEV CARRYALL	CE168F173539
#29	1965 CHEV CARRYALL	C1465F143668
#30	1961 CHEV CARRYALL	1C146J118947
#31	1952 WILLYS JEEP	7815
#32	1963 CHEV PKUP	C254F126644
#33	1969 FORD PKUP	F108LF12655

ANNUAL PREM.	BI	PD	UM	MP	A/P	PD	UM	MP
#28	123.00	47.00	3.00	19.00	71.00	27.00	2.00	11.00
#29	123.00	47.00	3.00	19.00	71.00	27.00	2.00	11.00
#30	123.00	47.00	3.00	19.00	71.00	27.00	2.00	11.00
#31	123.00	47.00	3.00	19.00	71.00	27.00	2.00	11.00
#32	42.00	26.00	3.00	17.00	24.00	15.00	2.00	10.00
#33	42.00	26.00	3.00	17.00	24.00	15.00	2.00	10.00
	576.00	240.00	18.00	110.00	332.00	138.00	12.00	64.00

P/R .578

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000505

Confidential - Subject to Protective Order

HFBKPLAN015086

SA 3395

6/18/AVD: WILSON & ALLEN INC. 250480.



THE HARTFORD

Change, Elimination or Addition of Automobile
Change of Coverage — Amendment of Declarations

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43342 E**
issued by THE HARTFORD INSURANCE GROUP company design-
ated therein, and takes effect as of the effective date stated herein.

BOY SCOUTS OF AMERICA.**NEW BRUNSWICK, NEW JERSEY.**Effective date **6-10-75 TO 9-10-75.**

12:01 A. M., standard time at the address of the named insured as stated herein.

It is agreed that the policy is amended, with respect only to such of the following Items as are indicated by ☒:

Item

Named insured's NAME is amended to read

Named insured's ADDRESS is amended to read

CLASSIFICATION OF COVERAGE — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.

CLASSIFICATION for the Automobile designated herein is amended to read as follows:

☐ 5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification

6. Automobile(s) ADDED

*Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principally Garaged In (Town, State)	*Purpose of Use	Rating Classification
75 CHEV.				AS ABOVE.	C	PPT-40
List Price	Actual Cost	Purchased Mo./Yr. New-Used	Sym- bol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:		
	7,000					

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

SCHEDULE

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy, having reference thereto.

*(Insert X in applicable column)

			ACV means Actual Cash Value		PREMIUMS		
*Include	*Delete	*Amend Limits	COVERAGES	LIMITS OF LIABILITY	ANNUAL	ADDITIONAL	RETURN
X			Bodily Injury Liability	\$ 500,000 each person	\$ 103	\$ 26	\$
X			Medical Payments	\$ 500 each person	\$ 1	\$ NC	\$
X			Property Damage Liability	\$ 500,000 each occurrence	\$ 53	\$ 13	\$
X			Uninsured Motorists	\$ 15,000 each person			
				\$ 30,000 each accident	\$ 2	\$ 1	\$
X			Comprehensive	\$ ACV unless amount stated	\$ 62	\$ 16	\$
			Collision	less \$ deductible			
				ACV less \$ deductible	\$	\$	\$
			Fire, Lightning or Transportation	\$ ACV unless amount stated	\$	\$	\$
			Theft	\$ ACV unless amount stated	\$	\$	\$
			Combined Additional	\$ ACV unless amount stated	\$	\$	\$
			Towing	\$ each disablement	\$	\$	\$

Nothing herein contained shall be held to vary, waive, alter, or extend the policy as written, or to be binding unless countersigned by the company and attached to a copy of the policy.

A-3459-0 Printed in U.S.A.

Countersigned by

Authorized Agent

CONFIDENTIAL

HARTFORD000506

Confidential - Subject to Protective
Order

HFBKPLAN015087

SA 3396

6-18/AVD.

WILSON & ALLEN INC. 250480.

R/P 53.00

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43342E**, issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

BOY SCOUTS OF AMERICA
NORTH BRUNSWICK, N J.

Effective date **6-4-75**

12:01 A. M., standard time at the address of the named insured as stated herein.

Endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

AUTOMOBILE PHYSICAL DAMAGE INSURANCE.

IT IS HEREBY UNDERSTOOD AND AGREED AUTOMOBILE PHYSICAL DAMAGE ARE ELIMINATED FOR THE FOLLOWING VEHICLES DESCRIBED BELOW-COMPREHENSIVE.

			ANNUAL PREM	R/P
#28	1969 CHEV CARRYALL	CE168F173539	19.00	11.00
#29	1965 CHEV CARRYALL	CT465F143668	19.00	11.00
#30	1961 CHEV CARRYALL	1C146J118947	19.00	11.00
#31	1952 WILLYS JEEP	7815	19.00	11.00
#32	1963 CHEV P/U	C254F126644	7.00	4.00
#33	1969 FORD P/U	F108LF12655	9.00	5.00
			92.00	53.00

GARAGE BOULDER JUNCT. WISCONSIN.

P/R .578

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-B Printed in U. S. A. 10-66 NBCU:

CONFIDENTIAL**HARTFORD000507**

Confidential - Subject to Protective
Order

HFBKPLAN015088

SA 3397

6-18-AVD. WILSON & ALLEN, INC. 250480.
Change, Elimination or Addition of Automobile
Change of Coverage — Amendment of Declarations



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43342E**
 issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date stated herein.

BOY SCOUTS OF AMERICA.**NORTH BRUNSWICK, NEW JERSEY.**Effective date **5-1-75.**

12:01 A. M., standard time at the address of the named insured as stated herein.

policy is amended, with respect only to such of the following Items as are indicated by ☒:

- ☐ 1. The named insured's NAME is amended to read _____
- ☐ 2. The named insured's ADDRESS is amended to read _____
- ☐ 3. CHANGE OF COVERAGE — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.
- ☐ 4. The CLASSIFICATION for the Automobile designated herein is amended to read as follows: _____
- ☐ 5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.

XX 6. Automobile(s) ADDED —**Purposes of Use (P and B = Pleasure and Business; C = Commercial)*

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principally Garaged In (Town, State)	Purpose of Use	Rating Classification
75 CHEVY SPORTVAN	8 CYL	CGY3654118766		ORRINGTON ME	P&B	PPT
List Price	Actual Cost	Purchased Mo./Yr. New-Used	Symbol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

T-10**SCHEDULE**

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

*(Insert X in applicable column)			ACV means Actual Cash Value		PREMIUMS		
* Include	* Delete	* Amend Limits	COVERAGES	LIMITS OF LIABILITY	ANNUAL	ADDITIONAL	RETURN
				\$ 500,000 each person			
			Bodily Injury Liability	\$ 500,000 each occurrence	\$ 82	\$ 55	\$
			Medical Payments	\$ 500 each person	\$ 17	\$ 11	\$
			Property Damage Liability	\$ 5000 each occurrence	\$ 52	\$ 35	\$
				\$ 500,000 each person			
			Uninsured Motorists	\$ 10,000 each accident	\$ 3	\$ 2	\$
				\$ 20 ACV unless amount stated			
			Comprehensive	less \$ deductible	\$	\$	\$
			Collision	ACV less \$ deductible	\$	\$	\$
			Fire, Lightning or Transportation	\$ / ACV unless amount stated	\$	\$	\$
			Theft	\$ / ACV unless amount stated	\$	\$	\$
			Combined Additional	\$ ACV unless amount stated	\$	\$	\$
			Towing	\$ each disablement	\$	\$	\$
					\$	\$	\$

Nothing herein contained shall be held to vary, **Page 1674** extend any of the terms, conditions, coverages or exclusions contained in the policy, or be binding unless countersigned by a duly authorized agent of the company.

Countersigned by _____

Authorized Agent

A-3459-0 Printed in U.S.A.

CONFIDENTIAL**HARTFORD000508**

Confidential - Subject to Protective Order

HFBKPLAN015089

SA 3398

6-18-AVD. WILSON & ALLEN, INC 250480
R/P \$28.00

This endorsement forms a part of Policy No. **10 C A43342 E**
issued by THE HARTFORD INSURANCE GROUP company design-
ated therein, and takes effect as of the effective date of said policy
unless another effective date is stated herein.

Named Insured and Address

BOY SCOUTS OF AMERICA.
NORTH BRUNSWICK, NEW JERSEY.

Effective date **5-1-75** 12:01 A. M., standard time at the address of the named insured as
stated herein.

modifies such insurance as is afforded by the provisions of the policy relating to the following:

ENSIVE AUTOMOBILE LIABILITY.

**IT IS HEREBY UNDERSTOOD AND AGREED ENDORSEMENT TYPE 5-29 AND C/S DAG IS
CANCELL & VOID.**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other
than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes
effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy
by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



THE HARTFORD
INSURANCE GROUP
HARTFORD, CONNECTICUT

The company located these documents in its
business records. At this time, the company
does not certify that these documents constitute
a complete and accurate copy of the policy.

Form AL-8-0 A Printed in U. S. A. 10-66 NBCU:

CONFIDENTIAL

HARTFORD000509

Confidential - Subject to Protective
Order

HFBKPLAN015090

SA 3399

6-18-Y8 AVE.

WILSON & ALLEN, INC. 250480.

Named Insured and Address

This endorsement forms a part of Policy No. **TO C A43342 E.** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

BOY SCOUTS OF AMERICA

NORTH BRUNSWICK, NEW JERSEY.

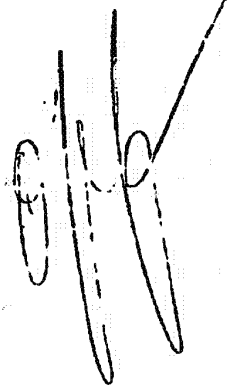
Effective date **1-1-75**

12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE

IT IS HEREBY UNDERSTOOD AND AGREED THAT THE GENERAL LIABILITY COMPOSITE RATE IS BASED ON PER \$100.00 OF WORKMEN'S COMPENSATION PAYROLL IN LIEU OF TOTAL PAYROLL.



Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-B Printed in U. S. A. 10-66 NBCU:

This company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000510

Confidential - Subject to Protective Order

HFBKPLAN015091

SA 3400

6/18/AVD WILSON & ALLEN, INC 250480.

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43342E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

BOY SCOUTS OF AMERICA;

NORTH BRUNSWICK, NEW JERSEY.

Effective date 12:01 A. M., standard time at the address of the named insured as stated herein.

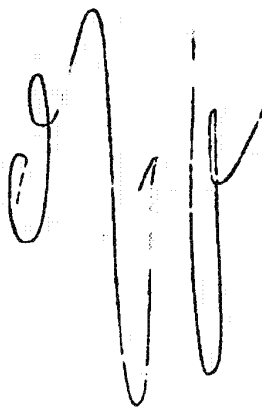
This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE.

IT IS HEREBY UNDERSTOOD AND AGREED THE FOLLOWING VEHICLE DESCRIBED BELOW IS ADDED TO POLICY:

NO PREMIUM CHANGE

1973 INTERNATIONAL FOUR-DOOR CARRYALL 3H0H0CHB55064.



Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company: provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000511

Confidential - Subject to Protective Order

HFBKPLAN015092

SA 3401

5-29-DAG
WILSON & ALLEN INC 70-0480Change, Elimination or Addition of Automobile
Change of Coverage — Amendment of Declarations

THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43342E**
issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date stated herein.**BOY SCOUTS OF AMERICA
NATIONAL COUNCIL
NORTH BRUNSWICK, N.J.**Effective date **5-1-75**

12:01 A. M., standard time at the address of the named insured as stated herein.

That the policy is amended, with respect only to such of the following Items as are indicated by ☒:

Insured's NAME is amended to read

Insured's ADDRESS is amended to read

COVERAGE — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.

☐ 4. The CLASSIFICATION for the Automobile designated herein is amended to read as follows:☐ 5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification	Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.

☒ 6. Automobile(s) ADDED —

*Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principal Garage In (Town, State)	*Purpose of Use	Rating Classification
1975 CHEVY SPORTVAN	8 CYL	#CGY3654118766		CIMARRON NEW MEXICO	P&B	
List Price	Actual Cost	Purchased Mo./Yr. New-Used	Sym- bol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

T-06

SCHEDULE

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

* (Insert X in applicable column)			ACV means Actual Cash Value		PREMIUMS		
* Include	* Delete	* Amend Limits	COVERAGES	LIMITS OF LIABILITY	ANNUAL	ADDITIONAL	RETURN
X			Bodily Injury Liability	\$ 500 / 000 each person	\$ 13 00	9 00	
X			Medical Payments	\$ 5000 each person	\$ 19 00	13 00	
X			Property Damage Liability	\$ 500 / 000 each occurrence	\$ 4 00	3 00	
X			Uninsured Motorists	\$ 10,000 each person \$ 20,000 each accident	\$ 5 00	3 00	
			Comprehensive	\$ ACV unless amount stated less \$ deductible	\$	\$	\$
			Collision	ACV less \$ deductible	\$	\$	\$
			Fire, Lightning or Transportation	\$ ACV unless amount stated	\$	\$	\$
			Theft	\$ ACV unless amount stated	\$	\$	\$
			Combined Additional	\$ ACV unless amount stated	\$	\$	\$
			Towing	\$ each disablement	\$	\$	\$

Nothing herein contained shall be held to vary, waive, alter, or extend the policy, nor shall these documents constitute a contract, except as herein stated. This endorsement shall not be binding unless countersigned by the company or its authorized agent.

A-3459-0 Printed in U.S.A.

Countersigned by _____
Authorized Agent

CONFIDENTIAL

HARTFORD000512

Confidential - Subject to Protective
Order

HFBKPLAN015093

SA 3402

5/6/RM WILSON & ALLEN INC 250480

Named Insured and Address

10 C A43342E

BOY SCOUTS OF AMERICA NATIONAL COUNCIL

This endorsement forms a part of Policy No. issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

NORTH BRUNSWICK, N J

1/1/75

Effective date 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE

TIT IS AGREED THAT THE ATTACHED SCHEDULES IS FORMING PART OF THE CAPTIONED POLICY AND PREMIUM SHOULD READ AS STATED BELOW:

BI - \$598.00

PD - 184.00

MP - 228.00

UM - 230.00

\$1240.00

[Handwritten signature]

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-B Printed in U. S. A. 10-66 NRCU:

[Faint, illegible text, possibly a stamp or watermark]

CONFIDENTIAL

HARTFORD000513

Confidential - Subject to Protective Order

HFBKPLAN015094

SA 3403

5/6/RM WILSON & ALLEN INC 250480

Rp 8683.00

This endorsement forms a part of Policy No. **10 C A43342E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL
NORTH BRUNSWICK, N J**

Effective date **1/1/75**

12:01 A. M., standard time at the address of the named insured as stated herein.

...at modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE

**IT IS AGREED ENDORSEMENT EFFECTIVE 1/1/75 AND COUNTERSIGNED
3/24 FC IS CONSIDERED NULL & VOID.**

[Handwritten signature]

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-'66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000514

Confidential - Subject to Protective Order

HFBKPLAN015095

SA 3404

Premium Installment



5/6/RH WILSON & ALLEN INC 250480

THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43342E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said Policy unless another effective date is stated herein.

**BOY SCOUTS OF AMERICA
NATIONAL COUNCIL
NORTH BRUNSWICK, N J**

Effective date **1/1/75** 12:01 A. M., standard time at the address of the named insured as stated herein.

It is hereby understood and agreed that the **ADDITIONAL** Premium of \$ **1,240.00**
(Insert "original" or "additional" or "return")

will **BE PAYABLE IN** **ELEVEN** installments as outlined in "Schedule of Payments."
(Insert "be payable in" or "reduce the")

SCHEDULE OF PAYMENTS

NO.	DUE DATE OF PAYMENT	BODILY INJURY & PROPERTY DAMAGE LIABILITY EXCEPT AUTO	BODILY INJURY & PROPERTY DAMAGE LIABILITY AUTO	AUTO PHYSICAL DAMAGE	TOTAL
1	1/1/75		120.00		120.00
2	2/1/75		112.00		112.00
3	3/1/75		112.00		112.00
4	4/1/75		112.00		112.00
5	5/1/75		112.00		112.00
6	6/1/75		112.00		112.00
7	7/1/75		112.00		112.00
8	8/1/75		112.00		112.00
9	9/1/75		112.00		112.00
10	10/1/75		112.00		112.00
11	11/1/75		112.00		112.00
12					
TOTALS					1,240.00

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

Countersigned by any located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-57-0 Printed in U. S. A.

CONFIDENTIAL

HARTFORD000515

Confidential - Subject to Protective Order

HFBKPLAN015096

SA 3405

Schedule of Automobiles and Covered Automobiles

This Schedule forms a part of Policy No. **10 C A 342E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

5/6/RM WILSON & ALLEN INC
250480
 Effective date **1/1/75**
 12:01 A. M. standard time.



As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Sea Sealing Capacity	Identification No. (1) Serial No. (2) Motor No. (3)	*Purpose of Use	Purchased Mo./Yr. New/Used	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)		
	Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premium			
1	1970 FORD P/K #F11YRH14197					\$13.00	\$4.00		\$	\$	\$	\$		
	CIMARRON N.M.	06	109 - Trucks			\$	\$		\$	\$	\$	\$		
2	1966 FORD P/K #F11YK806236					\$13.00	\$4.00		\$	\$	\$	\$		
	CIMARRON N.M.	06				\$	\$		\$	\$	\$	\$		
3	1962 INT'L CB #FD5671F					\$13.00	\$4.00		\$	\$	\$	\$		
	CIMARRON N.M.	06				\$	\$		\$	\$	\$	\$		
4	1967 CHEV P/K #KS147S149629					\$13.00	\$4.00		\$	\$	\$	\$		
	CIMARRON, N.M.	06				\$	\$		\$	\$	\$	\$		
5	1972 FORD 4DR #2G51F244291					\$13.00	\$4.00		\$	\$	\$	\$		
	CIMARRON N.M.	06				\$	\$		\$	\$	\$	\$		
6	1972 FORD P/K #F26YRN8913					\$13.00	\$4.00		\$	\$	\$	\$		
	CIMARRON N.M.	06				\$	\$		\$	\$	\$	\$		
7	1973 FORD P/K #F10YRR86280					\$13.00	\$4.00		\$	\$	\$	\$		
	CIMARRON N.M.	06				\$	\$		\$	\$	\$	\$		
Total						\$11.00	\$28.00				\$	\$		
*Not Available in California *P & B = Pleasure and Business; C = Commercial														
LOSS PAYEES - IDENTIFY BY UNIT OR ENTRY NO.														
No.	Name and Address of Loss Payee													
	CSL 9% (.91) INC.													
	NO FLEET DISC IN NEW MEXICO													

A-3471-0 Printed in U.S.A.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000516

Confidential - Subject to Protective Order

HFBKPLAN015097

SA 3406

Schedule of Automobiles and Covered Automobiles 5/6/RM WILSON & ALLEN INC 250480

This Schedule forms a part of Policy No. 10 C A 42E issued by THE HARTFORD INSURANCE COMPANY, a GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein. Effective date: 1/1/75 12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs
						BI Liab. Prem.	PD Liab. Prem.	Med. Coll. Cov. (Limit Applicable Symbols)	Auto. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)		
						Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Limit Applicable Symbols)	Auto. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premium		
8	1973 FORD P/K 1/2 T #F11YR85820					\$ 13.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON N.M.		06			\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
9	1972 FORD P/K #F26YR89132					\$ 13.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON N.M.		06			\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
10	1964 DODGE 4DR #5543275529					\$ 13.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON N.M.		06			\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
11	1968 FORD P/K #A101468					\$ 13.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON N.M.		06			\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
12	1973 FORD P/K #F00YR83712					\$ 13.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON N.M.		06			\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
13	1973 FORD P/K #F11YR85819					\$ 13.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON N.M.		06			\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
14	1974 CHEV TRAVELALL #CKY264F179594					\$ 13.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON N.M.		06			\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
†Not Available in California *P & B = Pleasure and Business; C = Commercial						\$ 91.00	\$ 28.00					\$	\$	
LOSS PAYEES - IDENTIFY BY UNIT OR ENTRY NO.						\$	\$					\$	\$	
No.	Name and Address of Loss Payee					\$	\$					\$	\$	
	CSL 9% (.91) INCL													
	NO FLEET DISC IN NEW MEXICO													

A-3471-6 Printed in U. S. A.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000517

HFBKPLAN015098

SA 3407

Schedule of Automobiles and Covered Automobiles

5/6/RM WILSON & ALLEN INC 250480

This Schedule forms part of Policy No. **10 C A 342E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date **1/1/75**
12:01 A. M. standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls. - Truck Load - Gallons per Hour - Seating Capacity	Identification No. (1) Serial No. (2) Motor No. (3)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages							Towing and Labor Costs	Automobile
						BI Lib. Prem.	PD Lib. Prem.	Non Coll. Cov. (Insert Applicable Symbols)	Am. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)				
													Medical Payments Premium	Uninsured Motorist Premium		
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol											
15	1974 FORD #F28BRU46661					\$13.00	\$4.00		\$	\$		\$	\$		\$	
	CIMARRON N.M.		06			\$19.00	\$5.00		\$	\$		\$	\$		\$	
16	1973 FORD CROW/CAB #F25YCS24484					\$13.00	\$4.00		\$	\$		\$	\$		\$	
	CIMARRON N.M.		06			\$	\$5.00		\$	\$		\$	\$		\$	
17	1972 FORD 4DR #2651F244292					\$13.00	\$4.00		\$	\$		\$	\$		\$	
	CIMARRON N.M.		06			\$	\$5.00		\$	\$		\$	\$		\$	
18	1958 CHEV P/K #4858K132267					\$13.00	\$4.00		\$	\$		\$	\$		\$	
	CIMARRON N.M.		06			\$	\$5.00		\$	\$		\$	\$		\$	
19	1965 FORD P/K #F10JD698518					\$13.00	\$4.00		\$	\$		\$	\$		\$	
	CIMARRON N.M.		06			\$	\$5.00		\$	\$		\$	\$		\$	
20	1958 CHEV P/K #3A58K131944					\$13.00	\$4.00		\$	\$		\$	\$		\$	
	CIMARRON N.M.		06			\$	\$5.00		\$	\$		\$	\$		\$	
21	1941 CHEV P/K #AVB1091441					\$13.00	\$4.00		\$	\$		\$	\$		\$	
	CIMARRON N.M.		06			\$	\$5.00		\$	\$		\$	\$		\$	
Total Available in California *P & B = Pleasure and Business; C = Commercial						\$91.00	\$28.00					\$			\$	
LOSS PAYEES - IDENTIFY BY UNIT OR ENTRY NO.						\$	\$					\$			\$	
No. Name and Address of Loss Payee						\$	\$					\$			\$	
CSL 9% (.91) INCL																
NO FLEET DISC IN NEW MEXICO																

A-3471-0 Printed in U. S. A.

CONFIDENTIAL

HARTFORD000518

Confidential - Subject to Protective Order

HFBKPLAN015099

SA 3408

Schedule of Automobiles and Covered Automobiles

5/6/RM WILSON & ALLEN INC 250480

This Schedule forms a part of Policy No. **10 C 342E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date **1/1/75**
12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (1) Serial No. (2) Motor No. (3)	*Purpose of Use	Purchased Mo./Yr. New Used	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs
						BI Lab. Prem.	PD Lab. Prem.	Yem. Coll. Cov. (Insert Applicable Symbols)	Aut. or "ACV" (Actual Cash Value)	Deductible if any	Rate	Premium (each covered automobile)	Premium	
					Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Aut. or "ACV" (Actual Cash Value)	Deductible if any	Rate			
22	1964 DODGE CB #2261378469					\$13.00	\$4.00		\$	\$		\$	\$	
	CIMARRON H.M.		06			\$	\$5.00		\$	\$		\$	\$	
23	1972 FORD 4DR #2651F244293					\$13.00	\$4.00		\$	\$		\$	\$	
	CIMARRON H.M.		06			\$	\$5.00		\$	\$		\$	\$	
24	1969 MACK TRK #MB403P2177					\$13.00	\$4.00		\$	\$		\$	\$	
	CIMARRON H.M.		06			\$	\$5.00		\$	\$		\$	\$	
25	1971 FORD CB #F35YKL64826					\$13.00	\$4.00		\$	\$		\$	\$	
	CIMARRON H.M.		06			\$	\$5.00		\$	\$		\$	\$	
26	1972 FORD P/K #F10YKP24747					\$13.00	\$4.00		\$	\$		\$	\$	
	CIMARRON H.M.		06			\$	\$5.00		\$	\$		\$	\$	
27	1951 REO TRK #149480					\$13.00	\$4.00		\$	\$		\$	\$	
	CIMARRON H.M.		06			\$	\$5.00		\$	\$		\$	\$	
28	1969 CHEV P/K #KS169Z848257					\$13.00	\$4.00		\$	\$		\$	\$	
	CIMARRON H.M.		06			\$	\$5.00		\$	\$		\$	\$	
*Not Available in California *P & B = Pleasure and Business; C = Commercial						\$91.00	\$28.00					\$	\$	
LOSS PAYEE - IDENTIFY BY UNIT OR ENTRY NO.						\$	\$					\$	\$	
No.	Name and Address of Loss Payee					\$10.00	\$5.00					\$	\$	
	CSL 9% (.91) INCL													
	NO FLEET DISC IN NEW MEXICO													

A-3471-0 Printed in U. S. A.

CONFIDENTIAL

HARTFORD000519

Confidential - Subject to Protective Order

HFBKPLAN015100

SA 3409

Schedule of Automobiles and Covered Automobiles

56/RH WILSON & ALLEN INC 250480

This Schedule forms a part of Policy No. **10 C A 342E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date **1/1/75**
12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls. - Truck Load, Gallons Bus Seating Capacity	Identification No. (1) Serial No. (2) State No. (3)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Aut. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)	Premium	
					Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Aut. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premium	Premium	
29	1971 INT'L DUMP #416060H154330					\$13.00	\$4.00		\$	\$		\$	\$	
	CIMARRON N.M.		06			\$	\$		\$	\$		\$	\$	
30	1972 FORD 4DR #U156LP28943					\$13.00	\$4.00		\$	\$		\$	\$	
	CIMARRON, N.M.		06			\$	\$		\$	\$		\$	\$	
31	1961 FORD P/K #F10JD170009					\$13.00	\$4.00		\$	\$		\$	\$	
	CIMARRON N.M.		06			\$	\$		\$	\$		\$	\$	
32	1972 FORD 2DR #U156LP28942					\$13.00	\$4.00		\$	\$		\$	\$	
	CIMARRON N.M.		06			\$	\$		\$	\$		\$	\$	
33	1963 FORD P/K #F10JD420602					\$13.00	\$4.00		\$	\$		\$	\$	
	CIMARRON, N.M.		06			\$	\$		\$	\$		\$	\$	
34	1972 CHEV 4DR #CKSI62F175471					\$13.00	\$4.00		\$	\$		\$	\$	
	CIMARRON N.M.		06			\$	\$		\$	\$		\$	\$	
35	1972 CHEV 4DR #CKSI62F175752					\$13.00	\$4.00		\$	\$		\$	\$	
	CIMARRON N.M.		06			\$	\$		\$	\$		\$	\$	
Not Available in California *P & B = Pleasure and Business; C = Commercial						\$91.00	\$28.00					\$	\$	
LOSS PAYEES - IDENTIFY BY UNIT OR ENTRY NO.						\$	\$					\$	\$	
No.	Name and Address of Loss Payee					\$	\$					\$	\$	
	CBL 9% (.91) INCL					\$	\$					\$	\$	
	NO FLEET DISC IN NEW MEXICO					\$	\$					\$	\$	

A-3471-0 Printed in U. S. A.

CONFIDENTIAL

HARTFORD000520

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HFBKPLAN015101

SA 3410

Schedule of Automobiles and Covered Automobiles

5/6/RM WILSON & ALLEN INC 250480

This Schedule forms a part of Policy No. **10 C 3342E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein. Effective date: **1/1/75**
12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Made: Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased No./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs	Automobile
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Aut. or "ACV" (Actual Cash Value)	Deductible if any	Retain	Premiums (each covered automobile)	Premium		
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Aut. or "ACV" (Actual Cash Value)	Deductible if any	Retain	Premiums (each covered automobile)	Premium		
36	1973 FORD P/K 3T #F10VRR86281					\$13.00	\$4.00		\$	\$	\$	\$	\$		
	CIMARRON N.M.		06			\$	\$		\$	\$	\$	\$	\$		
37	1964 DODGE P/K #1161405724					\$13.00	\$4.00		\$	\$	\$	\$	\$		
	CIMARRON N.M.		06			\$	\$		\$	\$	\$	\$	\$		
38	1973 FORD FB #F50CVR80490					\$13.00	\$4.00		\$	\$	\$	\$	\$		
	CIMARRON N.M.		06			\$	\$		\$	\$	\$	\$	\$		
39	1957 CHEV P/K #3A57K123301					\$13.00	\$4.00		\$	\$	\$	\$	\$		
	CIMARRON N.M.		06			\$	\$		\$	\$	\$	\$	\$		
40	1966 HUCK TRK #DM40351033					\$13.00	\$4.00		\$	\$	\$	\$	\$		
	CIMARRON, N.M.		06			\$	\$		\$	\$	\$	\$	\$		
41	1969 FORD CB #F11YKE77849					\$13.00	\$4.00		\$	\$	\$	\$	\$		
	CIMARRON, N.M.		06			\$	\$		\$	\$	\$	\$	\$		
42	1969 FORD CB #F11YKE77848					\$13.00	\$4.00		\$	\$	\$	\$	\$		
	CIMARRON, N.M.		06			\$	\$		\$	\$	\$	\$	\$		
Total						\$91.00	\$28.00					\$	\$		

†Not Available in California *P & B = Pleasure and Business; C = Commercial

LOSS PAYEE - IDENTIFY BY UNIT OR ENTRY NO.

No. Name and Address of Loss Payee

CSL 9% (.91) INCL

NO FLEET DISC IN NEW MEXICO

The company has filed these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

A-34971-0 Printed in U. S. A.

CONFIDENTIAL

HARTFORD000521

Confidential - Subject to Protective Order

HFBKPLAN015102

SA 3411

Schedule of Automobiles and Covered Automobiles

5/6/RM WILSON & ALLEN INC 250488

This Schedule forms a part of Policy No. **10 C A 342E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date: **1/1/75**
13:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallons, Bus Seating Capacity	Identification No. (1) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New/Used	Casualty Coverages		Physical Damage Coverages						Total Premium
						BI Liab. Prem.	PD Liab. Prem.	Non-Coll. Cov. (Insert Applicable Symbols)	Am't or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)	Thawing and Labor Costs	
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Am't or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premium		
43	1969 CHEV 2DR #KS169Z847104					\$13.00	\$4.00		\$	\$		\$	\$	
	CINARRON N.M.		06			\$	\$		\$	\$		\$	\$	
						\$19.00	\$5.00		\$	\$		\$	\$	
44	1970 CHEV P/K #134800K188270					\$13.00	\$4.00		\$	\$		\$	\$	
	CINARRON N.M.		06			\$	\$		\$	\$		\$	\$	
						\$19.00	\$5.00		\$	\$		\$	\$	
45	1969 FORD S/W #U15FLD86049					\$13.00	\$4.00		\$	\$		\$	\$	
	CINARRON N.M.		06			\$	\$		\$	\$		\$	\$	
						\$19.00	\$5.00		\$	\$		\$	\$	
46	1973 FORD 4DR #3P72H152401					\$13.00	\$4.00		\$	\$		\$	\$	
	CINARRON N.M.		06			\$	\$		\$	\$		\$	\$	
						\$19.00	\$5.00		\$	\$		\$	\$	
47	1965 CATTLE DEPARTMENT TRAILER #145365				MOBILE	\$	\$		\$	\$		\$	\$	
	CINARRON N.M.		06		EQUIPMENT	\$	\$		\$	\$		\$	\$	
48	1971 DITCHWITCH #8162				MOBILE	\$	\$		\$	\$		\$	\$	
	CINARRON N.M.		06		EQUIPMENT	\$	\$		\$	\$		\$	\$	
49	1974 16' BOY TRAILER #NMF9000037				MOBILE	\$	\$		\$	\$		\$	\$	
	CINARRON N.M.		06		EQUIPMENT	\$	\$		\$	\$		\$	\$	
*Not Available in California *P & B = Pleasure and Business; C = Commercial						\$52.00	\$16.00					\$	\$	
LOSS PAYEE - IDENTIFY BY UNIT OR ENTRY NO.						\$	\$					\$	\$	
No.	Name and Address of Loss Payee					\$57.00	\$28.00							
	CSL 9% (.91) INCL													

The company has not received documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

A-3471-0 Printed in U. S. A.

CONFIDENTIAL

HARTFORD000522

Confidential - Subject to Protective Order

HFBKPLAN015103

SA 3412

A/P \$8683.00 3/24/FC/BJ
WILSON & ALLEN INC. 350480

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43342E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL
ROUTE #1
NORTH BRUNSWICK, N. J.**

Effective date **1-1-75**

12:01 A. M., standard time at the address of the named insured as stated herein.

such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE

IT IS AGREED THAT THE ATTACHED SCHEDULE IS FORMING PART OF THE CAPTIONED POLICY AND PREMIUM SHOULD READ AS STATED BELOW:

B.I. \$4721.00

P.D. \$2813.00

M.P. 1057.00

U.M. 92.00

\$8683.00

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000524

Confidential - Subject to Protective Order

HFBKPLAN015105

SA 3414

3/24/PC/BJ PAGE #1 WILSON & ALLEN INC, 250480
 Schedule of Automobiles and Covered Automobiles

This Schedule forms a part of Policy No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date: 1-1-75
 12:01 A.M., standard time.



As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallons Gas, Seating Capacity	Identification No. (1) Serial No. (5) Motor No. (36)	Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs
						BI Liab. Prem.	PD Liab. Prem.	Med. Coll. Cov. (Insert Applicable Symbols)	Am't. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)	Premium	
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium		Coll. Cov. (Insert Applicable Symbols)	Am't. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premium	
1.	1970 FORD P/K #F11YRH14137			C		\$ 91.00	\$ 57.00			\$	\$	\$	\$	
	NORTH BRUNSWICK, N. J.	40	6			\$ 28.00	\$ 2.00			\$	\$	\$	\$	
2.	1966 FORD P/K #F11YK806236			C		\$ 91.00	\$ 57.00			\$	\$	\$	\$	
	NORTH BRUNSWICK, N. J.	40	6			\$ 28.00	\$ 2.00			\$	\$	\$	\$	
3.	1962 INTL CB #FD5671F			C		\$ 122.00	\$ 75.00			\$	\$	\$	\$	
	NORTH BRUNSWICK, N. J.	40	BCA			\$ 33.00	\$ 2.00			\$	\$	\$	\$	
4.	1967 CHEV. P/K #RS147S149629			C		\$ 91.00	\$ 57.00			\$	\$	\$	\$	
	NORTH BRUNSWICK, N. J.	40	6			\$ 28.00	\$ 2.00			\$	\$	\$	\$	
5.	1972 FORD 4 DR #2G51F244291			P&B		\$ 103.00	\$ 53.00			\$	\$	\$	\$	
	NORTH BRUNSWICK, N. J.	40	PPT			\$ 1.00	\$ 2.00			\$	\$	\$	\$	
6.	1972 FORD P/K #P26YRH89131			C		\$ 91.00	\$ 57.00			\$	\$	\$	\$	
	NORTH BRUNSWICK, N. J.	40	6			\$ 28.00	\$ 2.00			\$	\$	\$	\$	
7.	1973 FORD P/K #F10YRH86280			C		\$ 91.00	\$ 57.00			\$	\$	\$	\$	
	NORTH BRUNSWICK, N. J.	40	6			\$ 28.00	\$ 2.00			\$	\$	\$	\$	
(Not Available in California *P & B = Pleasure and Business; C = Commercial						TOTAL	\$ 680.00	\$ 413.00				\$	\$	
LOSS PAYEES - IDENTIFY BY UNIT OR ENTRY NO.						No.	Name and Address of Loss Payee							
							CSL 9% (.91) INC.							

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CONFIDENTIAL

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HARTFORD000525

HFBKPLAN015106

SA 3415

3/24/FC/BJ PAGE #2 WILSON & ALLEN INC., 250480
 Schedule of Automobiles and Covered Automobiles

This Schedule forms a part of Policy No. 10 C 43342E issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 1-1-75
 12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls. Truck Load. Gallonage Bus Seating Capacity	Identification No. (D) Serial No. (S) Motor No. (M)	Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Aut. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)	Premium	
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium		Coll. Cov. (Insert Applicable Symbols)	Aut. or "ACV" (Actual Cash Value)	Deductible if any	Rates		
8.	1973 FORD P/K & T #F11YR85820			C		\$ 91.00	\$ 57.00			\$	\$	\$	\$	
	NORTH BRUNSWICK, N. J.	40	6			\$ 28.00	\$ 2.00			\$	\$	\$	\$	
9.	1972 FORD P/K #F26YR89132			C		\$ 91.00	\$ 57.00			\$	\$	\$	\$	
	NORTH BRUNSWICK, N. J.	40	6			\$ 28.00	\$ 2.00			\$	\$	\$	\$	
10.	1964 DODGE 4DR #5543278529			P&B		\$ 103.00	\$ 53.00			\$	\$	\$	\$	
	NORTH BRUNSWICK, N. J.	40	PPT			\$ 1.00	\$ 2.00			\$	\$	\$	\$	
11.	1968 FORD P/K #A101468			C		\$ 91.00	\$ 57.00			\$	\$	\$	\$	
	NORTH BRUNSWICK, N. J.	40	6			\$ 28.00	\$ 2.00			\$	\$	\$	\$	
12.	1973 FORD P/K #F10YR83712			C		\$ 91.00	\$ 57.00			\$	\$	\$	\$	
	NORTH BRUNSWICK, N. J.	40	6			\$ 28.00	\$ 2.00			\$	\$	\$	\$	
13.	1973 FORD P/K #F11YR85819			C		\$ 91.00	\$ 57.00			\$	\$	\$	\$	
	NORTH BRUNSWICK, N. J.	40	6			\$ 28.00	\$ 2.00			\$	\$	\$	\$	
14.	1974 CHEV/TRAVELALL #CKY264F179594			C		\$ 153.00	\$ 94.00			\$	\$	\$	\$	
	NORTH BRUNSWICK, N. J.	40	5CA			\$ 39.00	\$ 2.00			\$	\$	\$	\$	
Total						\$ 711.00	\$ 322.00					\$	\$	

†Not Available in California *P & B = Pleasure and Business; C = Commercial

LOSS PAYEEES - IDENTIFY BY UNIT OR ENTRY NO.

No.	Name and Address of Loss Payee	No.	Name and Address of Loss Payee
1	CSL 9% (.91) INCL.	2	
The company located these documents in its business records. At this time, the company does not verify that these documents constitute a complete and accurate copy of the policy.			

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CONFIDENTIAL

HARTFORD000526

Confidential - Subject to Protective Order

HFBKPLAN015107

SA 3416

3/24/PC/BJ PAGE #3 WILSON & ALLEN INC. 250480
 Schedule of Automobiles and Covered Automobiles

This Schedule forms a part of Policy No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date: 1-1-75
 12:01 A. M., standard time.



As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (D) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New/Used	Commodity Coverages		Physical Damage Coverages						Towing and Labor Costs
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Aut. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)	Premium	
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Aut. or "ACV" (Actual Cash Value)	Deductible if any	Rate			
15.	1974 FORD #F28BRU46661			C		\$ 91.00	\$ 57.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N. J.	40		6		\$ 28.00	\$ 2.00		\$	\$		\$	\$	
16.	1973 FORD CROW/CAB #F25YCS24484			C		\$ 122.00	\$ 75.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N. J.	40		8CA		\$ 33.00	\$ 2.00		\$	\$		\$	\$	
17.	1972 FORD 4DR. #2051F244292			P&B		\$ 103.00	\$ 53.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N. J.	40		P&B		\$ 1.00	\$ 2.00		\$	\$		\$	\$	
18.	1958 CHEV P/K #4858K132267			C		\$ 91.00	\$ 57.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N. J.	40		6		\$ 28.00	\$ 2.00		\$	\$		\$	\$	
19.	1965 FORD P/K #F10JD698518			C		\$ 91.00	\$ 57.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N. J.	40		6		\$ 28.00	\$ 2.00		\$	\$		\$	\$	
20.	1958 CHEV P/K #3458K131944			C		\$ 91.00	\$ 57.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N. J.	40		6		\$ 28.00	\$ 2.00		\$	\$		\$	\$	
21.	1941 CHEV P/K #AVB1091441			C		\$ 91.00	\$ 57.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N. J.	40		6		\$ 28.00	\$ 2.00		\$	\$		\$	\$	
Total						\$ 680.00	\$ 413.00					\$	\$	
Not Available in California * P & B = Pleasure and Business; C = Commercial														
LOSS PAYEES - IDENTIFY BY UNIT OR ENTRY NO.														
No.	Name and Address of Loss Payee													
	CSL 9% (.91) INCL													

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CONFIDENTIAL

HARTFORD000527

Confidential - Subject to Protective Order

HFBKPLAN015108

SA 3417

3/24/FC/EJ PAGE #4 WILSON & ALLEN INC. 250480
 Schedule of Automobiles and Covered Automobiles

This Schedule forms a part of Policy No. **10 C A433428** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date: **1-1-75**
 12:01 A. M., standard time



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (D) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs
						BI Lib. Prem.	PD Lib. Prem.	Ins. Coll. Cov. (Insert Applicable Symbols)	Amt. at "ACV" (Actual Cash Value)	Deductible if any	Reten.	Premiums (each covered automobile)	Premium	
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Amt. at "ACV" (Actual Cash Value)	Deductible if any	Reten.	Premium	Premium	
22.	1964 DODGE CB #2261378469			C		\$122.00	\$75.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N. J.		40	8CA		\$ 33.00	\$ 2.00		\$	\$		\$	\$	
23.	1972 FORD ADR. #2051P244293			P&B		\$103.00	\$53.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N. J.		40	PPT		\$ 1.00	\$ 2.00		\$	\$		\$	\$	
24.	1969 MACK TRK. #3B403B2177			C		\$122.00	\$75.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N. J.		40	8CA		\$ 33.00	\$ 2.00		\$	\$		\$	\$	
25.	1971 FORD CB #F35YK164826			C		\$122.00	\$75.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N. J.		40	8CA		\$ 33.00	\$ 2.00		\$	\$		\$	\$	
26.	1972 FORD P/E #F10YK924747			C		\$ 91.00	\$57.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N. J.		40	6		\$ 28.00	\$ 2.00		\$	\$		\$	\$	
27.	1951 HEO TRK #140480			C		\$122.00	\$75.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N. J.		40	8CA		\$ 33.00	\$ 2.00		\$	\$		\$	\$	
28.	1969 CHEV P/E #K31692848257			C		\$ 91.00	\$57.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N. J.		40	6		\$ 28.00	\$ 2.00		\$	\$		\$	\$	
Total						\$773.00	\$467.00					\$	\$	
(Not Available in California) P & B = Pleasure and Business; C = Commercial LOSS PAYEE - IDENTIFY BY UNIT OR ENTRY NO. No. Name and Address of Loss Payee 001 9% (.91) INCL The company hereby certifies that the documents in its business records as at this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.														

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HARTFORD000528

HFBKPLAN015109

SA 3418

3/24/FC/BJ PAGE #5 WILSON & ALLEN INC. 250480
 Schedule of Automobiles and Covered Automobiles

This Schedule forms a part of Policy No. **10 C 243342E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date **1-1-75**
 12:01 A. M., standard time.



As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, GAWTS, Bus Seating Capacity	Identification No. (1) Serial No. (S) Motor No. (M)	Purpose of Use	Purchased Mo./Yr. New/Used	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs
						BI Link. Prem.	PD Link. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Aut. or "ACV" (Actual Cash Value)	Deductible if any	Rate	Premiums (each covered automobile)	Premium	
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Aut. or "ACV" (Actual Cash Value)	Deductible if any	Rate	Premiums (each covered automobile)	Premium	
29.	1971 INTEL DUMP #416060H154330			C		\$ 122.00	\$ 75.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N. J.	40		8CA		\$ 33.00	\$ 2.00		\$	\$		\$	\$	
30.	1972 FORD 2DR. #U15GLP28943			P&B		\$ 103.00	\$ 53.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N. J.	40		PPT		\$ 1.00	\$ 2.00		\$	\$		\$	\$	
31.	1961 FORD P/K #P10JDL70009			C		\$ 91.00	\$ 57.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N. J.	40		6		\$ 28.00	\$ 2.00		\$	\$		\$	\$	
32.	1972 FORD 2DR. #U15GLP28942			P&B		\$ 103.00	\$ 53.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N. J.	40		PPT		\$ 1.00	\$ 2.00		\$	\$		\$	\$	
33.	1963 FORD P/K #P10JDL20602			C		\$ 91.00	\$ 57.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N. J.	40		6		\$ 28.00	\$ 2.00		\$	\$		\$	\$	
34.	1972 CHEV 4DR. #CKS162P175471			P&B		\$ 103.00	\$ 53.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N. J.	40		PPT		\$ 1.00	\$ 2.00		\$	\$		\$	\$	
35.	1972 CHEV 4DR. #CKS162P175752			P&B		\$ 103.00	\$ 53.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N. J.	40		PPT		\$ 1.00	\$ 2.00		\$	\$		\$	\$	
Total						\$ 716.00	\$ 401.00					\$	\$	
Not Available in California *P & B = Pleasure and Business; C = Commercial														
LOSS PAYEE - IDENTIFY BY UNIT OR ENTRY NO.														
No.	Name and Address of Loss Payee													
	GSL 9% (.91) INCL													

Schedule of Automobiles

A-3471-0 Printed in U. S. A.

CONFIDENTIAL

HARTFORD000529

Confidential - Subject to Protective Order

HFBKPLAN015110

SA 3419

3/24/PC/BJ PAGE #6 WILSON & ALLEN INC. 250480
 Schedule of Automobiles and Covered Automobiles

This Schedule forms a part of Policy No. **10 C 443342E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date **1-1-75**
 12:01 A. M., standard time



As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage, Bus Seating Capacity	Identification No. (D) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Car. (Insert Applicable Symbols)	Ant. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)	Premium	
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	Coll. Car. (Insert Applicable Symbols)	Ant. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)	Premium	
36.	1973 FORD F/K & T #F10YR86281			C		\$ 91.00	\$ 57.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N. J.	40	6			\$ 28.00	\$ 2.00		\$	\$		\$	\$	
37.	1964 DODGE F/K #1161405724			C		\$ 91.00	\$ 57.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N. J.	40	6			\$ 28.00	\$ 2.00		\$	\$		\$	\$	
38.	1973 FORD FB #F50CVR80490			C		\$ 122.00	\$ 75.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N. J.	40	8CA			\$ 33.00	\$ 2.00		\$	\$		\$	\$	
39.	1957 CHEV F/K #3A57K023301			C		\$ 91.00	\$ 57.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N. J.	40	6			\$ 28.00	\$ 2.00		\$	\$		\$	\$	
40.	1966 NACK TRK. #DM40351033			C		\$ 122.00	\$ 75.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N. J.	40	8CA			\$ 33.00	\$ 2.00		\$	\$		\$	\$	
41.	1969 FORD CB #F11YK877849			C		\$ 122.00	\$ 75.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N. J.	40	8CA			\$ 33.00	\$ 2.00		\$	\$		\$	\$	
42.	1969 FORD CB #F11YK877848			C		\$ 122.00	\$ 75.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N. J.	40	8CA			\$ 33.00	\$ 2.00		\$	\$		\$	\$	
†Not Available in California *P & B = Pleasure and Business; C = Commercial						TOTAL	\$761.00	\$471.00				\$	\$	
LOSS PAYEE - IDENTIFY BY UNIT OR ENTRY NO.						No.	\$216.00	\$ 18.00				\$	\$	
						Name and Address of Loss Payee								
						CSL 9% (.91) INCL								

A-3471-B Printed in U. S. A.

CONFIDENTIAL

HARTFORD000530

Confidential - Subject to Protective Order

HFBKPLAN015111

SA 3420

3/24/PC/BJ, PAGE #7 WILSON & ALLEN INC. 250480
Schedule of Automobiles and Covered Automobiles

This Schedule forms a part of Policy No. **10 C 143342E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date, **1-1-75**
 12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (1) Serial No. (5) Motor No. (3)	*Purpose of Use	Purchased No./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs	Premium
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Am. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premium (each covered automobile)			
													Medical Payments Premium		
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol										
43.	1969 CHEV 2DR. #K1697847104			P&B		\$ 103.00	\$ 53.00								
	NORTH BRUNSWICK, N. J.	40	PPT			\$ 1.00	\$ 2.00								
44.	1970 CHEV P/K #134800K188270			C		\$ 91.00	\$ 57.00								
	NORTH BRUNSWICK, N. J.	40	6			\$ 28.00	\$ 2.00								
45.	1969 FORD B/W #U1581D86049			P&B		\$ 103.00	\$ 53.00								
	NORTH BRUNSWICK, N. J.	40	PPT			\$ 1.00	\$ 2.00								
46.	1973 FORD 4DR. #3P72H152401			P&B		\$ 103.00	\$ 53.00								
	NORTH BRUNSWICK, N. J.	40	PPT			\$ 1.00	\$ 2.00								
47.	1965 CATTLE DEPARTMENT TRAILER #145365			MOBILE EQUIPMENT		\$	\$								
	NORTH BRUNSWICK, N. J.	40				\$	\$								
48.	1971 DITCHWITCH #8162			MOBILE EQUIPMENT		\$	\$								
	NORTH BRUNSWICK, N. J.	40				\$	\$								
49.	1967 LOWBOY TRAILER #RMP-9000037			MOBILE EQUIPMENT		\$	\$								
	NORTH BRUNSWICK, N. J.	40				\$	\$								
(Not Available in California *P & B = Pleasure and Business; C = Commercial)						\$ 400.00	\$ 215.00								
LOSS PAYEE - IDENTIFY BY UNIT OR ENTRY NO.						\$	\$								
No. Name and Address of Loss Payee						\$	\$								
CSL 9% (.91) INCL						\$	\$								

A-3471-9 Printed in U. S. A.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000531

HFBKPLAN015112

SA 3421

Effective date. **1-1-75**
12:01 A. M., standard time.



THE HARTFORD

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Amt. of "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)	Towing and Labor Costs	
						Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Amt. of "ACV" (Actual Cash Value)	Deductible if any	Rates	Premium		
50.	1973 GOODE NECK TRAILER #182573	NORTH BRUNSWICK, N. J.	40	MOBILE EQUIPMENT		\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
51.	1953 CATTLE STOCK TRAILER #6550	NORTH BRUNSWICK, N. J.	40	MOBILE EQUIPMENT		\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
52.	1955 LOWBOY TRAILER (1A CROSS) DFG T-25P #0F6	NORTH BRUNSWICK, N. J.	40	MOBILE EQUIPMENT		\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	

Automobile

Schedule of Automobiles

No.	Name and Address of Loss Payee
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A-3471-0 Printed in U. S. A.

SA 3422

3/24/FC/BJ WILSON & ALLEN INC. 250480

Named Insured and Address:

BOY SCOUTS OF AMERICA NATIONAL COUNCIL
ROUTE #1
NORTH BRUNSWICK, N. J.

This endorsement forms a part of Policy No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 1-1-75

12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE
COMPREHENSIVE GENERAL LIABILITY INSURANCE

IT IS AGREED ENDORSEMENT AL-8-0B NOTICE OF OCCURRENCE IS ALSO COVERED FOR
COMPREHENSIVE GENERAL LIABILITY INSURANCE.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company, provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



THE HARTFORD
INSURANCE GROUP
HARTFORD, CONNECTICUT

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-0 A Printed in U. S. A. 10-66 NBCU:

CONFIDENTIAL

HARTFORD000533

Confidential - Subject to Protective
Order

HFBKPLAN015114

SA 3423

3/24/FC/BJ WILSON & ALLEN INC. 250480

This endorsement forms a part of Policy No. **10 C A43342E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL
ROUTE #1
NORTH BRUNSWICK, N. J.**

Effective date **1-1-75**

12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

GARAGEKEEPERS' LEGAL LIABILITY

**IT IS HEREBY UNDERSTOOD AND AGREED 1966 TENNANT 86 POWER SWEEPER
#90692 IS ADDED AT COVERAGES 50 DED. COLLISION, FIRE & THEFT
PREMIUM INCLUDED IN COMPOSITE.**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000534

HFBKPLAN015115

SA 3424

3/24/C/BJ
WILSON AND ALLEN INC. 250480

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43342E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL
ROUTE #1
NORTH BRUNSWICK, N. J.**

Effective date **1-1-75**

12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE

IN CONSIDERATION OF THE PREMIUM INCLUDED IN COMPOSITE RATE, IT IS AGREED THAT FORM L-3037-1, "REAL PROPERTY LIABILITY FIRE" IS EXTENDED TO INCLUDE THE FOLLOWING LOCATION:

DESC. OF PROPERTY	LIMIT OF LIABILITY	RATE PER \$100 LIMIT	PREMIUM
275 BUSH ST. SAN FRANCISCO, CALIFORNIA 94104	100,000 EACH OCCURRENCE		INC. IN COMPOSITE RATE

add to main list

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000535

Confidential - Subject to Protective Order

HFBKPLAN015116

SA 3425

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No.
issued by THE HARTFORD INSURANCE GROUP company design-
ated therein, and takes effect as of the effective date of said policy
unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the named insured as
stated herein.

Add'l INSURED

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE

ADDITIONAL INSURED

IN CONSIDERATION OF THE PREMIUM INCLUDED IN THE COMPOSITE RATE
IT IS UNDERSTOOD AND AGREED THAT THE POLICY IS EXTENDED TO INCLUDE
THE INTEREST OF U.S. FOUNDATION FOR INTERNATIONAL SCOUTING AS
ADDITIONAL INSURED.

*? - remove unless?
Professional Scouts -
Employees of B.S.A.
OK*

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other
than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes
effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy
by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-B B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its
business records. At this time, the company
does not certify that these documents constitute
a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000536

Confidential - Subject to Protective
Order

HFBKPLAN015117

SA 3426

Premium Installment



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said Policy unless another effective date is stated herein.

Effective date..... 12:01 A. M., standard time at the address of the named insured as stated herein.

It is hereby understood and agreed that the ORIGINAL Premium of \$ 21,220.00
(Insert "original" or "additional" or "return")

will BE PAYABLE IN ELEVEN installments as outlined in "Schedule of Payments."
(Insert "be payable in" or "reduce the")

SCHEDULE OF PAYMENTS

NO.	DUE DATE OF PAYMENT	BODILY INJURY & PROPERTY DAMAGE LIABILITY EXCEPT AUTO	BODILY INJURY & PROPERTY DAMAGE LIABILITY AUTO	AUTO PHYSICAL DAMAGE	TOTAL
1	1 1 75	1524.00	416.00		1940.00
2	2 1 75	1522.00	406.00		1928.00
3	3 1 75	1522.00	406.00		1928.00
4	4 1 75	1522.00	406.00		1928.00
5	5 1 75	1522.00	406.00		1928.00
6	6 1 75	1522.00	406.00		1928.00
7	7 1 75	1522.00	406.00		1928.00
8	8 1 75	1522.00	406.00		1928.00
9	9 1 75	1522.00	406.00		1928.00
10	10 1 75	1522.00	406.00		1928.00
11	11 1 75	1522.00	406.00		1928.00
12					
TOTALS		16,744.00	4,476.00		21,220.00

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

Confidential
This company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-57-0 Printed in U. S. A.

CONFIDENTIAL

HARTFORD000537

Confidential - Subject to Protective Order

HFBKPLAN015118

SA 3427

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date _____

12:01 A. M., standard time at the address of the named insured as stated herein.

VESSELS

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE

IT IS AGREED THAT SUCH INSURANCE AS IS AFFORDED BY THE POLICY BODILY INJURY LIABILITY COVERAGE AND BY THE PROPERTY DAMAGE LIABILITY COVERAGE APPLIES, SUBJECT TO THE FOLLOWING PROVISIONS:

1. THE EXCLUSION RELATING TO WATERCRAFT DOES NOT APPLY WITH RESPECT TO THE WATERCRAFT DESCRIBED BELOW.
2. THE INSURANCE WITH RESPECT TO SUCH WATERCRAFT DOES NOT APPLY TO:
BODILY INJURY TO ANY PASSENGER BEING CARRIED FOR A CONSIDERATION WHILE IN OR UPON, ENTERING OR ALIGHTING FROM ANY SUCH WATERCRAFT:

DESCRIPTION OF WATERCRAFT:

300 CANOES AND ANY OTHER VESSEL NOT EXCEEDING 50 FEET IN LENGTH

use std. form

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-B Printed in U. S. A. 10-66 NBCU

CONFIDENTIAL**HARTFORD000538**

Confidential - Subject to Protective Order

HFBKPLAN015119

SA 3428

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the named insured as stated herein.

VESSELS

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:
COMPREHENSIVE GENERAL LIABILITY INSURANCE

IT IS AGREED THAT SUCH INSURANCE AS IS AFFORDED BY THE POLICY BODILY INJURY LIABILITY COVERAGE AND BY THE PROPERTY DAMAGE LIABILITY COVERAGE APPLIES, SUBJECT TO THE FOLLOWING PROVISIONS:

1. THE EXCLUSION RELATING TO WATERCRAFT DOES NOT APPLY WITH RESPECT TO THE WATERCRAFT DESCRIBED BELOW.
2. THE INSURANCE WITH RESPECT TO SUCH WATERCRAFT DOES NOT APPLY TO:
 BODILY INJURY TO ANY PASSENGER BEING CARRIED FOR A CONSIDERATION WHILE IN OR UPON, ENTERING OR ALIGHTING FROM ANY SUCH WATERCRAFT:

DESCRIPTION OF WATERCRAFT:

300 CANOES AND ANY OTHER VESSEL NOT EXCEEDING 50 FEET IN LENGTH

Standard form
working from Callosa
[Signature]

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



The company located these documents in its ~~business records~~. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-B Printed in U. S. A. 10-66 NBCU:

CONFIDENTIAL

HARTFORD000539

Confidential - Subject to Protective Order

HFBKPLAN015120

SA 3429

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date _____ 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE

*CGI
APD
Personal Injury
Contractual*

NOTICE OF OCCURRENCE

IT IS AGREED THAT NOTICE OF CLAIM OR SUIT TO THE INSURED, IS TO BE DEEMED EFFECTIVE ONLY WHEN GIVEN TO AN EXECUTIVE OFFICER OR THE INSURANCE MANAGER AT B.S.A. NATIONAL HEADQUARTERS NORTH BRUNSWICK N J.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company: provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000540

Confidential - Subject to Protective Order

HFBKPLAN015121

SA 3430

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date _____ 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE

CGL
APD
Cont
PT

IT IS AGREED THAT THE ADDITIONAL INSURED OF THE ABOVE MENTIONED POLICY ARE:

EMPLOYEES, COUNCIL MEMBERS, EXECUTIVE BOARD MEMBERS, VOLUNTEERS, TRUSTEES, SPONSORS AND DONORS OF AUTOS OR WATERCRAFT.

~~ANY ENTITY WHICH THE NAMED INSURED IS OBLIGATED VIA CONTRACT OR BY ISSUANCE OF A PERMIT, TO PROVIDE INSURANCE~~

~~INTEREST OF EMPLOYEES OR ANY OTHER PERSONS USING MOTOR VEHICLES ON BEHALF OF THE INSURED.~~

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declaration page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-B Printed in U. S. A. 10-66 NBCU:

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000541

HFBKPLAN015122

SA 3431

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date _____ 12:01 A. M., standard time at the address of the named insured as stated herein.

Add'l INSURED

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:
COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE

IT IS AGREED THAT THE ADDITIONAL INSURED OF THE
ABOVE MENTIONED POLICY ARE:

EMPLOYEES, COUNCIL MEMBERS, EXECUTIVE BOARD
MEMBERS, VOLUNTEERS, TRUSTEES, SPONSORS AND
~~DONORS OF AUTOS OR WATERCRAFT~~

~~ANY ENTITY WHICH THE NAMED INSURED IS OBLIGATED
VIA CONTRACT, OR BY ISSUANCE OF A PERMIT, TO
PROVIDE INSURANCE~~

~~INTEREST OF EMPLOYEES OR ANY OTHER PERSONS USING
MOTOR VEHICLES ON BEHALF OF THE INSURED.~~

*Revised
as per
Specs.*

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AI-8-0 B Printed in U. S. A. 10-66 NBCU:

The Company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000542

Confidential - Subject to Protective Order

HFBKPLAN015123

SA 3432

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE

IT IS HEREBY UNDERSTOOD AND AGREED THAT THIS POLICY IS TO PROVIDE COVERAGE FOR ALL INDIVIDUALS PARTICIPATING IN CAR POOLING AT THE DIRECTION OF B.S.A. IT IS FURTHER UNDERSTOOD THAT SUCH COVERAGE IS TO BE EXCESS OVER ANY OTHER VALID AND COLLECTIBLE INSURANCE.

[Handwritten signature]

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000543

Confidential - Subject to Protective Order

HFBKPLAN015124

SA 3433

Named Insured and Address

10 C A43342E

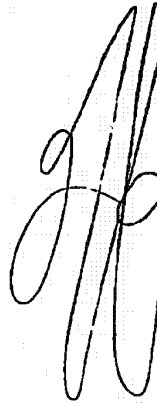
This endorsement forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date _____ 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

~~THE POLICY IS EXTENDED TO COVER A CANOE TRAILER
WHICH WILL BE USED TO CARRY CANOES IN THE EAST
PRINCIPAL GARAGE LOCATION NEW YORK N Y.~~

Principal



Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000544

Confidential - Subject to Protective Order

HFBKPLAN015125

SA 3434

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date _____ 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INS

AUTOMOBILE PHYSICAL DAMAGE INS

**THE NOTICE OF ACCIDENT CONDITION OF THE
POLICY IS AMENDED TO READ:
UPON THE HAPPENING OF AN ACCIDENT
OCCURRENCE, OR PRESENTATION OF CLAIM
WRITTEN NOTICE SHALL BE GIVEN BY OR
ON BEHALF OF THE INSURED TO THE COMPANY
OR ANY OF ITS AUTHORIZED AGENTS AS SOON
AS PRACTICABLE AFTER IT IS KNOWN AT THE
HEADQUARTERS OF THE BOY SCOUTS OF AMERICA.**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000545

HFBKPLAN015126

SA 3435

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date _____ 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INS
AUTOMOBILE PHYSICAL DAMAGE INS

IN CONSIDERATION OF THE PREMIUM CHARGED THE POLICY
TERRITORY IS EXTENDED TO COVER MEXICO ON AN EXCESS
AND DIFFERENCE AND CONDITIONS BASIS OVER ANY UNDERLYING
INSURANCE OBTAINED BY THE INSURED.

[Handwritten signature and initials]
A-20916-3

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000546

Confidential - Subject to Protective Order

HFBKPLAN015127

SA 3436

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE

AUTOMOBILE PHYSICAL DAMAGE INSURANCE

IT IS UNDERSTOOD AND AGREED THAT THE POLICY
IS EXTENDED TO COVER EMPLOYEES OF THE INSURED
AS ADDITIONAL INSURED WITH RESPECT TO VEHICLES
HIRED IN THEIR OWN NAME FOR USE ON BOY SCOUTS OF
AMERICA BUSINESS, PROVIDED THEY ARE ACTING
AT THE DIRECTION OF BOY SCOUTS OF
AMERICA.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000547

Confidential - Subject to Protective Order

HFBKPLAN015128

SA 3437

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date..... 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INS

IT IS UNDERSTOOD AND AGREED THAT THE POLICY IS
EXTENDED TO COVER THE LIABILITY ASSUMED BY THE
INSURED UNDER ANY HIRDD AND/OR LEASED CAR AGREEMENTS
IN CONJUNCTION WITH BUSINESS ON BEHALF OF THE BOY
SCOUTS OF AMERICA.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000548

Confidential - Subject to Protective Order

HFBKPLAN015129

SA 3438

AMENDMENT-LIMITS OF LIABILITY

(SINGLE LIMIT)

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date _____

12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE

[Signature]
Contracted

SCHEDULE

BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY.	\$ 500 ,000 EACH	PERSON
	\$ 500 ,000	AGGREGATE OCCURRENCE

IT IS AGREED THAT PROVISIONS OF THE POLICY CAPTIONED " LIMITS OF LIABILITY" RELATING TO BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY ARE AMENDED TO READ AS FOLLOWS:

LIMITS OF LIABILITY

REGARDLESS OF THE NUMBER OF (1) INSURED UNDER THIS POLICY, (2) PERSONS OR ORGANIZATIONS WHO SUSTAIN BODILY INJURY OR PROPERTY DAMAGE, (3) CLAIMS MADE OR SUITS BROUGHT ON ACCOUNT OF BODILY INJURY OR PROPERTY DAMAGE OR (4) AUTOMOBILES OR UNITS OF MOBILE EQUIPMENT TO WHICH THIS POLICY APPLIES, THE COMPANY'S LIABILITY IS LIMITED AS FOLLOWS:

BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY:

- (A) THE LIMIT OF LIABILITY STATED IN THE SCHEDULE AS APPLICABLE TO "EACH OCCURRENCE" IS THE TOTAL LIMIT OF THE COMPANY'S LIABILITY FOR ALL DAMAGES BECAUSE OF BODILY INJURY OR PROPERTY DAMAGE AS A RESULT OF ANY ONE OCCURRENCE PROVIDED THAT WITH RESPECT TO ANY OCCURRENCE FOR WHICH NOTICE OF THIS POLICY IS GIVEN IN LIEU OF SECURITY OR WHEN THIS POLICY IS CERTIFIED AS PROOF OF FINANCIAL RESPONSIBILITY UNDER THE PROVISIONS OF THE MOTOR VEHICLE FINANCIAL RESPONSIBILITY LAW OF ANY STATE OR PROVINCE SUCH LIMIT OF LIABILITY SHALL BE APPLIED TO PROVIDE THE SEPARATE LIMITS REQUIRED BY SUCH LAW FOR BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY TO THE EXTENT OF THE COVERAGE REQUIRED BY SUCH LAW, BUT THE SEPARATE APPLICATION OF SUCH LIMIT SHALL NOT INCREASE THE TOTAL LIMIT OF THE COMPANY'S LIABILITY.
- (B) SUBJECT TO THE ABOVE PROVISIONS RESPECTING "EACH OCCURRENCE", THE TOTAL LIABILITY OF THE COMPANY FOR ALL DAMAGES BECAUSE OF ALL BODILY INJURY AND PROPERTY DAMAGE WHICH OCCURS DURING EACH ANNUAL PERIOD WHILE THIS POLICY IS IN FORCE COMMENCING FROM ITS EFFECTIVE DATE AND IS DESCRIBED IN ANY OF THE NUMBERED SUBPARAGRAPHS BELOW SHALL NOT EXCEED THE LIMIT OF LIABILITY STATED IN THE SCHEDULE AS "AGGREGATE".

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



The company located these documents in its business records. At this time, the company ~~certifies~~ certifies that these documents constitute a complete and accurate copy of the policy.

Form AL-8-B-C Printed in U.S.A. 10-90 NECT

CONFIDENTIAL

HARTFORD000549

Confidential - Subject to Protective
Order

HFBKPLAN015130

SA 3439

AMENDMENT-LIMITS OF LIABILITY

(SINGLE LIMIT)

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. _____
 issued by THE HARTFORD INSURANCE GROUP company design-
 ated therein, and takes effect as of the effective date of said policy
 unless another effective date is stated herein.

Effective date _____ 12:01 A. M., standard time at the address of the named insured as
 stated herein.

CONTINUED

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:
COMPREHENSIVE GENERAL LIABILITY INSURANCE
CONTRACTUAL LIABILITY INSURANCE

- (1) ALL PROPERTY DAMAGE ARISING OUT OF PREMISES OR OPERATIONS RATED ON A REMUNERATION BASIS OR CONTRACTOR'S EQUIPMENT RATED ON A RECEIPTS BASIS, INCLUDING PROPERTY DAMAGE FOR WHICH LIABILITY IS ASSUMED UNDER ANY INCIDENTAL CONTRACT RELATING TO SUCH PREMISES OR OPERATIONS, BUT EXCLUDING PROPERTY DAMAGE INCLUDED IN SUBPARAGRAPH (2) BELOW.
- (2) ALL PROPERTY DAMAGE ARISING OUT OF AN OCCURRING IN THE COURSE OF OPERATIONS PERFORMED FOR THE NAMED INSURED BY INDEPENDENT CONTRACTORS AND GENERAL SUPERVISION THEREOF BY THE NAMED INSURED, INCLUDING ANY SUCH PROPERTY DAMAGE FOR WHICH LIABILITY IS ASSUMED UNDER ANY INCIDENTAL CONTRACT RELATING TO SUCH OPERATIONS, BUT THIS SUBPARAGRAPH (2) DOES NOT INCLUDE PROPERTY DAMAGE ARISING OUT OF MAINTENANCE OR REPAIRS AT PREMISES OWNED BY OR RENTED TO THE NAMED INSURED OR STRUCTURAL ALTERATIONS AT SUCH PREMISES WHICH DO NOT INVOLVE CHANGING THE SIZE OF OR MOVING BUILDINGS OR OTHER STRUCTURES;
- (3) ALL BODILY INJURY AND PROPERTY DAMAGE INCLUDED WITHIN THE COMPLETED OPERATIONS HAZARD AND ALL BODILY INJURY AND PROPERTY DAMAGE INCLUDED WITHIN THE PRODUCTS HAZARD;
- (4) ALL PROPERTY DAMAGE FOR WHICH LIABILITY IS ASSUMED UNDER ANY CONTRACT TO WHICH THE CONTRACTUAL LIABILITY INSURANCE APPLIES.

SUCH AGGREGATE LIMIT SHALL APPLY SEPARATELY:

- (I) TO THE PROPERTY DAMAGE DESCRIBED IN SUBPARAGRAPHS (1) AND (2) SEPARATELY WITH RESPECT TO EACH PROJECT AWAY FROM PREMISES OWNED BY OR RENTED TO THE NAMED INSURED;
 - (II) TO THE SUM OF THE DAMAGED FOR ALL BODILY INJURY AND PROPERTY DAMAGE DESCRIBED IN SUBPARAGRAPH (3); AND
 - (III) TO THE PROPERTY DAMAGE DESCRIBED IN SUBPARAGRAPH (4) SEPARATELY WITH RESPECT TO EACH PROJECT AWAY FROM PREMISES OWNED BY OR RENTED TO THE NAMED INSURED.
- (C) FOR THE PURPOSE OF DETERMINING THE LIMIT OF THE COMPANY'S LIABILITY, ALL BODILY INJURY AND PROPERTY DAMAGE ARISING OUT OF CONTINUOUS OR REPEATED EXPOSURE TO SUBSTANTIALLY THE SAME GENERAL CONDITIONS SHALL BE CONSIDERED AS ARISING OUT OF ONE OCCURRENCE.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy and agent.

Form AL-B-07 Printed in U.S.A. 10-76 SRC's

CONFIDENTIAL

HARTFORD000550

Confidential - Subject to Protective
 Order

HFBKPLAN015131

SA 3440

AMENDMENT-LIMITS OF LIABILITY
(SINGLE LIMIT)

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE

- (1) ALL PROPERTY DAMAGE ARISING OUT OF PREMISES OR OPERATIONS RATED ON A REMUNERATION BASIS OR CONTRACTOR'S EQUIPMENT RATED ON A RECEIPTS BASIS, INCLUDING PROPERTY DAMAGE FOR WHICH LIABILITY IS ASSUMED UNDER ANY INCIDENTAL CONTRACT RELATING TO SUCH PREMISES OR OPERATIONS, BUT EXCLUDING PROPERTY DAMAGE INCLUDED IN SUBPARAGRAPH (2) BELOW.
- (2) ALL PROPERTY DAMAGE ARISING OUT OF AN OCCURRING IN THE COURSE OF OPERATIONS PERFORMED FOR THE NAMED INSURED BY INDEPENDENT CONTRACTORS AND GENERAL SUPERVISION THEREOF BY THE NAMED INSURED, INCLUDING ANY SUCH PROPERTY DAMAGE FOR WHICH LIABILITY IS ASSUMED UNDER ANY INCIDENTAL CONTRACT RELATING TO SUCH OPERATIONS, BUT THIS SUBPARAGRAPH DOES NOT INCLUDE PROPERTY DAMAGE ARISING OUT OF MAINTENANCE OR REPAIRS AT PREMISES OWNED BY OR RENTED TO THE NAMED INSURED OR STRUCTURAL ALTERATIONS AT SUCH PREMISES WHICH DO NOT INVOLVE CHANGING THE SIZE OF OR MOVING BUILDINGS OR OTHER STRUCTURES;
- (3) ALL BODILY INJURY AND PROPERTY DAMAGE INCLUDED WITHIN THE COMPLETED OPERATIONS HAZARD AND ALL BODILY INJURY AND PROPERTY DAMAGE INCLUDED WITHIN THE PRODUCTS HAZARD;
- (4) ALL PROPERTY DAMAGE FOR WHICH LIABILITY IS ASSUMED UNDER ANY CONTRACT TO WHICH THE CONTRACTUAL LIABILITY INSURANCE APPLIES.

SUCH AGGREGATE LIMIT SHALL APPLY SEPARATELY:

- (I) TO THE PROPERTY DAMAGE DESCRIBED IN SUBPARAGRAPHS (1) AND (2) SEPARATELY WITH RESPECT TO EACH PROJECT AWAY FROM PREMISES OWNED BY OR RENTED TO THE NAMED INSURED;
 - (II) TO THE SUM OF THE DAMAGED FOR ALL BODILY INJURY AND PROPERTY DAMAGE DESCRIBED IN SUBPARAGRAPH (3); AND
 - (III) TO THE PROPERTY DAMAGE DESCRIBED IN SUBPARAGRAPH (4) SEPARATELY WITH RESPECT TO EACH PROJECT AWAY FROM PREMISES OWNED BY OR RENTED TO THE NAMED INSURED.
- (c) FOR THE PURPOSE OF DETERMINING THE LIMIT OF THE COMPANY'S LIABILITY, ALL BODILY INJURY AND PROPERTY DAMAGE ARISING OUT OF CONTINUOUS OR REPEATED EXPOSURE TO SUBSTANTIALLY THE SAME GENERAL CONDITIONS SHALL BE CONSIDERED AS ARISING OUT OF ONE OCCURRENCE.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-0-C Printed in U. S. A. 10-76 NBCI

CONFIDENTIAL

HARTFORD000551

Confidential - Subject to Protective Order

HFBKPLAN015132

SA 3441

**Personal Injury
Protection Endorsement
(Minnesota)**



THE HARTFORD

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. _____
issued by THE HARTFORD INSURANCE GROUP company designat-
ed therein, and takes effect as of the effective date of said policy
unless another effective date is stated herein.

Effective date _____ 12:01 A. M., standard
time at the address of the named insured as stated herein.

SCHEDULE OF BENEFITS

The Company will pay up to the limit indicated for each of the benefits shown.

A. MEDICAL EXPENSES	B. WORK LOSS	C. ESSENTIAL SERVICES EXPENSES	D. FUNERAL EXPENSES	E. SURVIVORS' LOSS	AUTO No.	PREMIUM
\$20,000. per person	\$200. per week less \$ deductible	\$15. per day	\$1,250. per person	\$200. per week	SE 23	\$9.00 5.00
less \$ deductible						
AGGREGATE LIMIT FOR BENEFITS B, C, D and E — \$10,000.						
TOTAL PREMIUM \$ 9.00 5.00						

The Company agrees with the named insured, subject to all of the provisions of this endorsement and to all of the provisions of the policy except as modified herein, as follows:

SECTION 1

PERSONAL INJURY PROTECTION COVERAGE

The Company will pay, in accordance with the Minnesota no-fault automobile insurance act, personal injury protection benefits for

- (a) medical expenses,
- (b) work loss,
- (c) essential services expenses,
- (d) funeral expenses and
- (e) survivors' loss

incurred with respect to bodily injury sustained by an eligible injured person caused by an accident arising out of the maintenance or use of a motor vehicle as a vehicle.

Exclusions

This coverage does not apply:

- (a) to bodily injury sustained by the named insured or any relative arising out of the maintenance or use of any motor vehicle owned by the named insured which is not an insured motor vehicle;
 - (b) to bodily injury sustained by any relative arising out of the maintenance or use of any motor vehicle owned by such relative with respect to which the security required by the Minnesota no-fault automobile insurance act is not in effect;
 - (c) to bodily injury sustained by any relative if such relative is entitled to personal injury protection coverage as a self-insured or as a named insured under the terms of any other policy with respect to such coverage;
 - (d) to bodily injury sustained by any person, other than the named insured or a relative, if such person is entitled to personal injury protection coverage as a self-insured or as a named insured or relative under the terms of any other policy with respect to such coverage;
 - (e) to bodily injury sustained by any person arising out of the maintenance or use of a motor vehicle, other than the insured motor vehicle,
 - (a) being used in the business of transporting persons or property, or
 - (b) furnished by the employer of the named insured or relative,
- If with respect to such vehicle the security required by the Minnesota no-fault automobile insurance act is in effect, provided that such bodily injury is sustained while not occupying another involved motor vehicle;
- (f) to any benefits any person would otherwise be entitled to receive hereunder for bodily injury intentionally caused by such person or arising out of his intentionally attempting to cause bodily injury, and, if any person dies as a result of intentionally causing or attempting to cause bodily injury to himself, his survivors are not entitled to any survivors' loss benefits;
 - (g) to bodily injury sustained by any person in the course of an officiated racing or speed contest, or in practice or preparation therefor;
 - (h) to bodily injury sustained by any person if such injury arises out of conduct within the course of a business of repairing, servicing, or otherwise maintaining motor vehicles unless such conduct occurs off the business premises;
 - (i) to bodily injury sustained by any person if such injury arises out of conduct in the course of loading or unloading any motor vehicle unless the conduct occurs while such person is occupying such motor vehicle;
 - (j) to bodily injury sustained by any person while occupying a motorcycle;
 - (k) to personal injury protection benefits otherwise payable in the event that a lapse of one year or more occurs in the period of disability and medical treatment of an eligible injured person as a result of any one accident;
 - (l) to bodily injury sustained by any person, other than the named insured or any relative, arising out of the maintenance or use by such person of a motor vehicle without a good faith belief that he is legally entitled to use such motor vehicle;
 - (m) to bodily injury sustained by any person, other than the named insured or any relative, while a pedestrian through

being struck by the insured motor vehicle, if the accident occurs outside the State of Minnesota;

- (n) to bodily injury sustained by any person arising out of the maintenance or use of a motor vehicle while located for use as a residence or premises;
- (o) to bodily injury due to war, whether or not declared, civil war, insurrection, rebellion or revolution, or to any act or condition incident to any of the foregoing;
- (p) to bodily injury resulting from the radioactive, toxic, explosive or other hazardous properties of nuclear material;
- (q) with respect to work loss, essential services expenses, and survivors' loss, to bodily injury sustained by any person, other than the named insured or relative, while occupying any motor vehicle, not owned by the named insured or relative, which is being operated by the named insured or relative;
- (r) to bodily injury sustained by any person, other than the named insured or any relative, while occupying a vehicle which is regularly used in the course of the business of transporting persons or property and which is one of five or more vehicles under common ownership or a vehicle owned by a government other than the State of Minnesota, its political subdivisions, municipal corporations, or public agencies, if the accident occurs outside the State of Minnesota.

Definitions

When used in reference to this coverage:

"bodily injury" means bodily injury, sickness or disease including death at any time resulting therefrom;

"eligible injured person" means

- (a) the named insured or any relative who sustains bodily injury while occupying, or while a pedestrian through being struck by, any motor vehicle or motorcycle;
- (b) any other person who sustains bodily injury while occupying, or while a pedestrian through being struck by, the insured motor vehicle;
- (c) any other person who sustains bodily injury while occupying a motor vehicle not owned by, but operated by the named insured or relative, other than a public or lived conveyance, if the bodily injury results from the operation of the motor vehicle by the named insured or relative;

"essential services expenses" means expenses reasonably incurred during a period commencing 8 days after the date of the accident and during the eligible injured person's lifetime, in obtaining usual and necessary substitute services in lieu of those that, had he not been injured, he would have performed not for income but for the direct benefit of himself or his household; if the non-fatally injured eligible injured person normally, as a full time responsibility, provides care and maintenance of a home, with or without children, the benefit is the reasonable value of such care and maintenance, if greater than the expense incurred;

"funeral expenses" means reasonable expenses for professional funeral and burial services including expenses for cremation, or delivery under the Minnesota Uniform Anatomical Gift Act;

"insured motor vehicle" means a motor vehicle with respect to which

- (a) the bodily injury liability insurance of the policy applies and for which a specific premium is charged, and
- (b) the named insured is required to maintain security under the provisions of the Minnesota no-fault automobile insurance act;

"medical expenses" means all reasonable expenses incurred for necessary medical, surgical, x-ray, optical, dental, chiropractic and rehabilitative services, including prosthetic devices, prescription drugs, necessary ambulance, hospital, extended care and nursing services, including necessary remedial treatment and services recognized and permitted under the laws of Minnesota for an eligible injured person who relies upon spiritual means through prayer alone for healing in accordance with his religious belief;

"motor vehicle" means every vehicle including a trailer, other than a motorcycle or other vehicle with fewer than four wheels, which is designed or adapted for use on a highway and is not a business vehicle. At this time the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form A-3951-0 TERM Printed in U. S. A. (ISO: E070; CP-05-87) Ed. 1-7-86

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HARTFORD000553

HFBKPLAN015134

SA 3443

(b) is designed to be self-propelled by an engine or motor for use primarily upon public roads, highways or streets in the transportation of persons or property;

"named insured" means the person or organization named in the declarations;

"occupying" means in or upon, entering into or alighting from;

"relative" means the spouse and any person related to the named insured by blood, marriage or adoption including a minor in the custody of the named insured, spouse or such related person who is a resident of the same household as the named insured, whether or not temporarily residing elsewhere;

"survivors' loss" means

(a) loss, in the event of the death of an eligible injured person occurring within one year from the date of the accident, of contributions of money or tangible things of economic value, not including services, that his surviving dependents would have received from him for their support during their dependency had he not suffered the fatal bodily injury; and

(b) expenses reasonably incurred by surviving dependents after the death of an eligible injured person in obtaining ordinary and necessary substitute services in lieu of those he would have performed for their benefit had he not suffered the fatal bodily injury; minus expenses of the surviving dependents avoided by reason of such death.

provided that the dependency of the surviving spouse shall be terminated in the event such surviving spouse remarries or dies, and the dependency of a child who is not physically or mentally incapacitated from earning shall be terminated in the event he attains majority, marries or becomes otherwise emancipated, or dies;

"work loss" means 85% of loss of gross income resulting from the eligible injured person's inability to work, reduced by any income from substitute work actually performed by the eligible injured person, or by any income he would have earned in available appropriate substitute work which he was capable of performing but unreasonably failed to undertake.

Policy Period; Territory

This coverage applies only to accidents which occur during the policy period and within the United States of America, its territories or possessions, or Canada.

Limits of Liability

Regardless of the number of persons insured, policies or plans of self-insurance applicable, claims made or insured motor vehicles to which this coverage applies, the Company's liability for personal injury protection benefits with respect to bodily injury sustained by any one eligible injured person in any one motor vehicle accident shall not exceed \$30,000 in the aggregate and subject to such aggregate:

- (a) the maximum amount payable for medical expenses shall not exceed \$20,000;
- (b) the maximum aggregate amount payable for work loss, essential services expenses, funeral expenses and survivors' loss shall not exceed \$10,000 provided that:
 1. the maximum amount payable for work loss shall not exceed \$200 per week;
 2. the maximum amount payable for essential services expenses shall not exceed \$15 per day;
 3. the maximum amount payable for funeral expenses shall not exceed \$1,250; and
 4. the maximum amount payable for survivors' loss
 - (i) with respect to paragraph (a) of the definition of survivors' loss shall not exceed \$200 per week; and
 - (ii) with respect to paragraph (b) of the definition of survivors' loss shall not exceed \$200 per week.

Any amount payable by the Company under the terms of this coverage shall be reduced by:

- (a) any amounts paid, payable or required to be provided on account of such bodily injury under any workmen's compensation law;
- (b) the amount of any deductible applicable to medical expenses set forth in the Schedule, but only with respect to bodily injury sustained by the named insured or by a relative, provided that, if two or more persons sustain bodily injury in the same motor vehicle accident, the total amount of the deductible applicable to all of them shall not exceed the deductible amount stated in the Schedule and such amount shall be allocated equally among them;
- (c) the amount of any deductible applicable to work loss set forth in the Schedule but only with respect to bodily injury sustained by the named insured or any relative.

SECTION II

In consideration of the coverage afforded under Section I and the adjustment of applicable rates:

- (a) any amount payable under the Protection Against Uninsured Motorists Coverage shall be reduced by the amount of any personal injury protection benefits paid or payable or which would be paid or payable but for the application of a deductible under this or any other motor vehicle insurance policy because of bodily injury sustained by an eligible injured person;

SECTION III

CONSTITUTIONALITY CLAUSE.

The premium for and the coverages of the policy have been established in reliance upon the provisions of the Minnesota no-fault automobile insurance act. In the event a court of competent jurisdiction declares, or enters a judgment the effect of which is to render,

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company: provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute the Company's consent to this endorsement.

Conditions

A. **Action Against Company.** No action shall lie against the Company unless as a condition precedent thereto, there shall have been full compliance with all the terms of this coverage.

B. **Notice.** In the event of an accident, written notice containing particulars sufficient to identify the eligible injured person, and also reasonably obtainable information respecting the time, place and circumstances of the accident shall be given by or on behalf of each eligible injured person to the Company or any of its authorized agents within 6 months from the date of the accident. If an eligible injured person, his legal representative or his surviving dependents shall institute legal action to recover damages for bodily injury against a person or organization who is or may be liable in tort therefor, a copy of the summons and complaint or other process served in connection with such legal action shall be forwarded as soon as practicable to the Company by such eligible injured person, his legal representative or his surviving dependents.

C. **Medical Reports; Proof of Claim; Rehabilitation Notice.** As soon as practicable, the eligible injured person or someone on his behalf shall give to the Company written proof of claim, under oath if required, including full particulars of the nature and extent of the bodily injury, treatment and rehabilitation received and contemplated, and such other information as may assist the Company in determining the amount due and payable. The eligible injured person shall submit to physical and mental examination by physicians selected by the Company when and as often as the Company may reasonably require. An eligible injured person who has undertaken a procedure or treatment for rehabilitation or a course of rehabilitative occupational training, other than medical rehabilitation procedure or treatment, shall notify the Company that he has undertaken the procedure, treatment, or training within 60 days after a rehabilitation expense exceeding \$1,000 has been incurred for the procedure, treatment, or training, unless the Company knows or has reason to know of the undertaking. If the eligible injured person does not give the required notice within the prescribed time, the Company is responsible only for \$1,000 or the expense incurred after the notice is given and within the 60 days before the notice, whichever is greater, unless failure to give timely notice is the result of excusable neglect.

D. **Subrogation.** Subject to any applicable limitations set forth in the Minnesota no-fault accident insurance act, in the event of any payment under this coverage, the Company is subrogated to the rights of the person to whom or for whose benefit such payments were made, to the extent of such payments, and such person shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. Such person shall do nothing after loss to prejudice such rights.

E. **Reimbursement and Trust Agreement.** Subject to any applicable limitations set forth in the Minnesota no-fault accident insurance act, in the event of any payment to any person under this coverage:

1. the Company shall be entitled to the extent of such payment to the proceeds of any settlement or judgment that may result from the exercise of any rights of recovery of such person against any person or organization legally responsible for the bodily injury because of which such payment is made; and the Company shall have a lien to the extent of such payment, notice of which may be given to the person or organization causing such bodily injury, his agent, his insurer or a court having jurisdiction in the matter;
2. such person shall hold in trust for the benefit of the Company all rights of recovery which he shall have against such other person or organization because of such bodily injury;
3. such person shall do whatever is proper to secure and shall do nothing after loss to prejudice such rights; and
4. such person shall execute and deliver to the Company instruments and papers as may be appropriate to secure the rights and obligations of such person and the Company established by this provision.

F. **Non-Duplication of Benefits; Other Insurance.** No eligible injured person shall recover duplicate benefits for the same elements of loss under this or any similar insurance including self-insurance. In the event the eligible injured person has other similar insurance including self-insurance available and applicable to the accident, the maximum recovery under all such insurance shall not exceed the amount which would have been payable under the provisions of the insurance providing the highest dollar limit, and the Company shall not be liable for a greater proportion of any loss to which this coverage applies than the limit of liability hereunder bears to the sum of the applicable limits of liability of this coverage and such other insurance.

- (b) any Automobile Medical Payments or Medical Expense Coverage afforded under this policy shall be excess over any personal injury protection benefits paid or payable or which would be paid or payable but for the application of a deductible under this or any other motor vehicle insurance policy because of bodily injury sustained by an eligible injured person.

Form A-3351-0

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SA 3444

(b) is designed to be self-propelled by an engine or motor for use primarily upon public roads, highways or streets in the transportation of persons or property;

"named insured" means the person or organization named in the declarations;

"occupying" means in or upon, entering into or alighting from;

"relative" means the spouse and any person related to the named insured by blood, marriage or adoption including a minor in the custody of the named insured, spouse or such related person who is a resident of the same household as the named insured, whether or not temporarily residing elsewhere;

"survivors' loss" means

(a) loss, in the event of the death of an eligible injured person occurring within one year from the date of the accident, of contributions of money or tangible things of economic value, not including services, that his surviving dependents would have received from him for their support during their dependency had he not suffered the fatal bodily injury, and

(b) expenses reasonably incurred by surviving dependents after the death of an eligible injured person in obtaining ordinary and necessary substitute services in lieu of those he would have performed for their benefit had he not suffered the fatal bodily injury; minus expenses of the surviving dependents avoided by reason of such death;

provided that the dependency of the surviving spouse shall be terminated in the event such surviving spouse remarries or dies, and the dependency of a child who is not physically or mentally incapacitated from earning shall be terminated in the event he attains majority, marries or becomes otherwise emancipated, or dies;

"work loss" means 85% of loss of gross income resulting from the eligible injured person's inability to work, reduced by any income from substitute work actually performed by the eligible injured person, or by any income he would have earned in available appropriate substitute work which he was capable of performing but unreasonably failed to undertake.

Policy Period; Territory

This coverage applies only to accidents which occur during the policy period and within the United States of America, its territories or possessions, or Canada.

Limits of Liability

Regardless of the number of persons insured, policies or plans of self-insurance applicable, claims made or insured motor vehicles to which this coverage applies, the Company's liability for personal injury protection benefits with respect to bodily injury sustained by any one eligible injured person in any one motor vehicle accident shall not exceed \$30,000 in the aggregate and subject to such aggregate:

(a) the maximum amount payable for medical expenses shall not exceed \$20,000;

(b) the maximum aggregate amount payable for work loss, essential services expenses, funeral expenses and survivors' loss shall not exceed \$10,000 provided that:

1. the maximum amount payable for work loss shall not exceed \$200 per week;

2. the maximum amount payable for essential services expenses shall not exceed \$15 per day;

3. the maximum amount payable for funeral expenses shall not exceed \$1,250; and

4. the maximum amount payable for survivors' loss
(I) with respect to paragraph (a) of the definition of survivors' loss shall not exceed \$200 per week; and
(II) with respect to paragraph (b) of the definition of survivors' loss shall not exceed \$200 per week.

Any amount payable by the Company under the terms of this coverage shall be reduced by:

(a) any amounts paid, payable or required to be provided on account of such bodily injury under any workmen's compensation law;

(b) the amount of any deductible applicable to medical expenses set forth in the Schedule, but only with respect to bodily injury sustained by the named insured or by a relative, provided that, if two or more such persons sustain bodily injury in the same motor vehicle accident, the total amount of the deductible applicable to all of them shall not exceed the deductible amount stated in the Schedule and such amount shall be allocated equally among them;

(c) the amount of any deductible applicable to work loss set forth in the Schedule but only with respect to bodily injury sustained by the named insured or any relative.

SECTION II

In consideration of the coverage afforded under Section I and the adjustment of applicable rates:

(a) any amount payable under the Protection Against Uninsured Motorists Coverage shall be reduced by the amount of any personal injury protection benefits paid or payable or which would be paid or payable but for the application of a deductible under this or any other motor vehicle insurance policy because of bodily injury sustained by an eligible injured person;

SECTION III

CONSTITUTIONALITY CLAUSE.

The premium for and the coverages of the policy have been established in reliance upon the provisions of the Minnesota no-fault automobile insurance act. In the event a court of competent jurisdiction declares, or enters a judgment the effect of which is to render,

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

Conditions

A. **Action Against Company.** No action shall lie against the Company unless as a condition precedent thereto, there shall have been full compliance with all the terms of this coverage.

B. **Notice.** In the event of an accident, written notice containing particulars sufficient to identify the eligible injured person, and also reasonably obtainable information respecting the time, place and circumstances of the accident shall be given by or on behalf of each eligible injured person to the Company or any of its authorized agents within 6 months from the date of the accident. If an eligible injured person, his legal representative or his surviving dependents shall institute legal action to recover damages for bodily injury against a person or organization who is or may be liable in tort therefor, a copy of the summons and complaint or other process served in connection with such legal action shall be forwarded as soon as practicable to the Company by such eligible injured person, his legal representative or his surviving dependents.

C. **Medical Reports; Proof of Claim; Rehabilitation Notice.** As soon as practicable, the eligible injured person or someone on his behalf shall give to the Company written proof of claim, under oath if required, including full particulars of the nature and extent of the bodily injury, treatment and rehabilitation received and contemplated, and such other information as may assist the Company in determining the amount due and payable. The eligible injured person shall submit to physical and mental examination by physicians selected by the Company when and as often as the Company may reasonably require. An eligible injured person who has undertaken a procedure or treatment for rehabilitation or a course of rehabilitative occupational training, other than medical rehabilitation procedure or treatment, shall notify the Company that he has undertaken the procedure, treatment, or training within 60 days after a rehabilitation expense exceeding \$1,000 has been incurred for the procedure, treatment, or training, unless the Company knows or has reason to know of the undertaking. If the eligible injured person does not give the required notice within the prescribed time, the Company is responsible only for \$1,000 or the expense incurred after the notice is given and within the 60 days before the notice, whichever is greater, unless failure to give timely notice is the result of excusable neglect.

D. **Subrogation.** Subject to any applicable limitations set forth in the Minnesota no-fault accident insurance act, in the event of any payment under this coverage, the Company is subrogated to the rights of the person to whom or for whose benefit such payments were made, to the extent of such payments, and such person shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. Such person shall do nothing after loss to prejudice such rights.

E. **Reimbursement and Trust Agreement.** Subject to any applicable limitations set forth in the Minnesota no-fault accident insurance act, in the event of any payment to any person under this coverage:

1. the Company shall be entitled to the extent of such payment to the proceeds of any settlement or judgment that may result from the exercise of any rights of recovery of such person against any person or organization legally responsible for the bodily injury because of which such payment is made; and the Company shall have a lien to the extent of such payment, notice of which may be given to the person or organization causing such bodily injury, his agent, his insurer or a court having jurisdiction in the matter;

2. such person shall hold in trust for the benefit of the Company all rights of recovery which he shall have against such other person or organization because of such bodily injury;

3. such person shall do whatever is proper to secure and shall do nothing after loss to prejudice such rights; and

4. such person shall execute and deliver to the Company instruments and papers as may be appropriate to secure the rights and obligations of such person and the Company established by this provision.

F. **Non-Duplication of Benefits; Other Insurance.** No eligible injured person shall recover duplicate benefits for the same elements of loss under this or any similar insurance including self-insurance. In the event the eligible injured person has other similar insurance including self-insurance available and applicable to the accident, the maximum recovery under all such insurance shall not exceed the amount which would have been payable under the provisions of the insurance providing the highest dollar limit, and the Company shall not be liable for a greater proportion of any loss to which this coverage applies than the limit of liability hereunder bears to the sum of the applicable limits of liability of this coverage and such other insurance.

(b) any Automobile Medical Payments or Medical Expense Coverage afforded under this policy shall be excess over any personal injury protection benefits paid or payable or which would be paid or payable but for the application of a deductible under this or any other motor vehicle insurance policy because of bodily injury sustained by an eligible injured person.

Form A-3351-Q

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

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HARTFORD000555

HFBKPLAN015136

SA 3445

NEW JERSEY BASIC
PERSONAL INJURY PROTECTION

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. _____
issued by THE HARTFORD INSURANCE GROUP company designated
therein, and takes effect as of the effective date of said policy unless
another effective date is stated herein.

Effective date 12:01 A. M. standard time
at the address of the named insured as stated herein.

SCHEDULE

COVERAGE	Auto No.	PREMIUMS
	12	\$ 6.00 6.00
		\$ 6.00
		\$
		\$
		\$ 6.00
TOTAL PREMIUM \$		12.00 incl

This endorsement provides coverage as required under the New Jersey Automobile Reparation Reform Act, commonly referred to as the "New Jersey No-Fault Law".

All terms printed in bold face, other than section headings or titles, are defined terms. For a complete understanding of provisions containing these terms refer to the section entitled "Definitions".

The Company agrees with the named insured, subject to all of the provisions in this endorsement and to all of the provisions of the policy except as modified herein, as follows:

SECTION I

Basic Personal Injury Protection

The Company will pay basic personal injury protection benefits consisting of:

- medical expense benefits,
- income continuation benefits,
- essential services benefits,
- survivor benefits, and
- funeral expense benefits

with respect to bodily injury sustained by an eligible injured person, caused by accident and arising out of the ownership, maintenance or use, including loading or unloading, of a private passenger automobile as an automobile.

Exclusions

The insurance under this endorsement does not apply:

- to bodily injury to a person whose conduct contributed to the injury in any of the following ways:
 - while committing a high misdemeanor or felony or seeking to avoid lawful apprehension or arrest by a police officer, or
 - while acting with specific intent to cause injury or damage to himself or others;
- to bodily injury to the named insured or any relative of the named insured sustained while occupying, using or entering into or alighting from a private passenger automobile which is not an insured automobile under this policy, if he is required to maintain automobile liability insurance coverage with respect to the automobile under the New Jersey Automobile Reparation Reform Act;
- to bodily injury to any person, other than the named insured or a relative of the named insured or a resident of New Jersey, if the accident occurs outside of New Jersey;
- to bodily injury arising out of the ownership, maintenance, or use, including loading or unloading, of any vehicle while located for use as a residence or premises other than for transitory recreational purposes;
- to bodily injury due to war, whether or not declared, civil war, insurrection, rebellion or revolution, or to any act or condition incident to any of the foregoing;
- to bodily injury resulting from the radioactive, toxic, explosive or other hazardous properties of nuclear material.

Definitions

When used in reference to this insurance:

"bodily injury" means bodily injury, sickness or disease, including death at any time resulting therefrom;

"eligible injured person" means

- the named insured or any relative of the named insured, if the named insured or relative sustains bodily injury
 - while occupying, using, entering into or alighting from a private passenger automobile, or
 - while a pedestrian, caused by a private passenger automobile or as a result of being struck by an object propelled by or from such an automobile; or
- any other person who sustains bodily injury
 - while, with the permission of the named insured, occupying, using, entering into or alighting from the insured automobile, or
 - while a pedestrian, caused by the insured automobile or as a result of being struck by an object propelled by or from the insured automobile;

"essential services benefits" means an amount not exceeding a limit of \$12.00 per day and a total limit of \$4,380 payable to an eligible

injured person as reimbursement for payments made to others, for substitute essential services of the type actually rendered during his lifetime and which he would ordinarily have performed not for income but for the care and maintenance of himself and his relatives;

"funeral expense benefits" means an amount not exceeding \$1,000 for reasonable funeral, burial and cremation expenses incurred;

"income" means salary, wages, tips, commissions, fees and other earnings derived from work or employment;

"income continuation benefits" means an amount not exceeding a limit of \$100 per week and a total limit of \$5,200 payable for the loss of income of an income producer during his lifetime, as a result of bodily injury disability;

"income producer" means a person who, at the time of the accident, was in an occupation: status, earning or producing income;

"insured automobile" means an automobile with respect to which the named insured is required to maintain automobile liability insurance coverage under the New Jersey Automobile Reparation Reform Act, to which the bodily injury liability insurance of the policy applies and for which a specific premium is charged;

"medical expense benefits" means all reasonable expenses incurred for medical, surgical and dental treatment, professional nursing, hospital and rehabilitation services, x-ray and other diagnostic services, prosthetic devices, ambulance services, medication and other reasonable and necessary expenses incurred for treatment prescribed by persons licensed to practice medicine, surgery, psychology or chiropractic, or for any nonmedical remedial treatment rendered in accordance with a recognized religious method of healing;

"named insured" means the person or organization named as the insured in the declarations. If the insured automobile is owned by a farm family co-partnership or corporation, the term "named insured" also includes the head of the household of each family designated in the policy as having a working interest in the farm;

"pedestrian" means any person who is not occupying a vehicle propelled by other than muscular power and designed primarily for use on highways, rails and tracks and includes any person who is entering into or alighting from such a vehicle;

"private passenger automobile" means a self-propelled vehicle designed for use principally on public roads and which is one of the following types:

- a private passenger or station wagon type automobile,
- a pick-up or panel truck or delivery sedan, or
- a utility automobile designed for personal use as a camper or motor home or for family recreational purposes; but a private passenger automobile does not include a motorcycle, an automobile used as a public or livery conveyance for passengers, a pick-up or panel truck, delivery sedan or utility automobile customarily used for business, occupational or professional purposes other than farming or ranching or a utility automobile customarily used for the transportation of passengers other than members of the user's family or their guests;

"relative" means a person related to the named insured by blood, marriage or adoption (including a ward or foster child) who is a resident of the same household as the named insured;

"survivor benefits" means the amount or amounts payable in the event of the death of an eligible injured person as determined in subdivision (1) or (2) hereof, as appropriate;

- If the eligible injured person was an income producer at the time of the accident, an amount equal to the difference between \$5,200 and all basic income continuation benefits paid for any loss of income resulting from his injury prior to his death;
- If the eligible injured person ordinarily performed essential services for the care and maintenance of himself, his family or

any other household, an amount not to exceed the difference between \$5,200 and all essential services benefits paid for the loss of such services.

The company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

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Order

HARTFORD000556

HFBKPLAN015137

SA 3446

NEW JERSEY BASIC
PERSONAL INJURY PROTECTION

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 12:01 A. M., standard time at the address of the named insured as stated herein.

SCHEDULE

COVERAGE	Auto No.	PREMIUMS
	2	\$ 6.00
	6	\$ 6.00
		\$
		\$
		\$
		\$
TOTAL PREMIUM \$		12.00 incl

BASIC PERSONAL INJURY PROTECTION

This endorsement provides coverage as required under the New Jersey Automobile Reparation Reform Act, commonly referred to as the "New Jersey No-Fault Law".

All terms printed in bold face, other than section headings or titles, are defined terms. For a complete understanding of provisions containing these terms refer to the section entitled "Definitions".

The Company agrees with the named insured, subject to all of the provisions in this endorsement and to all of the provisions of the policy except as modified herein, as follows:

SECTION I

Basic Personal Injury Protection

The Company will pay basic personal injury protection benefits consisting of

- (a) medical expense benefits,
- (b) income continuation benefits,
- (c) essential services benefits,
- (d) survivor benefits, and
- (e) funeral expense benefits

with respect to bodily injury sustained by an eligible injured person, caused by accident and arising out of the ownership, maintenance or use, including loading or unloading, of a private passenger automobile as an automobile.

Exclusions

The insurance under this endorsement does not apply:

- (a) to bodily injury to a person whose conduct contributed to the injury in any of the following ways:
 - (1) while committing a high misdemeanor or felony or seeking to avoid lawful apprehension or arrest by a police officer, or
 - (2) while acting with specific intent to cause injury or damage to himself or others;
- (b) to bodily injury to the named insured or any relative of the named insured sustained while occupying, using or entering into or alighting from a private passenger automobile which is not an insured automobile under this policy, if he is required to maintain automobile liability insurance coverage with respect to the automobile under the New Jersey Automobile Reparation Reform Act;
- (c) to bodily injury to any person, other than the named insured or a relative of the named insured or a resident of New Jersey, if the accident occurs outside of New Jersey;
- (d) to bodily injury arising out of the ownership, maintenance, or use, including loading or unloading, of any vehicle while located for use as a residence or premises other than for transitory recreational purposes;
- (e) to bodily injury due to war, whether or not declared, civil war, insurrection, rebellion or revolution, or to any act or condition incident to any of the foregoing;
- (f) to bodily injury resulting from the radioactive, toxic, explosive or other hazardous properties of nuclear material.

Definitions

When used in reference to this insurance:

"bodily injury" means bodily injury, sickness or disease, including death at any time resulting therefrom;

"eligible injured person" means

- (a) the named insured or any relative of the named insured, if the named insured or relative sustains bodily injury
 - (1) while occupying, using, entering into or alighting from a private passenger automobile, or
 - (2) while a pedestrian, caused by a private passenger automobile or as a result of being struck by an object propelled by or from such an automobile; or
- (b) any other person who sustains bodily injury
 - (1) while, with the permission of the named insured, occupying, using, entering into or alighting from the insured automobile, or
 - (2) while a pedestrian, caused by the insured automobile or as a result of being struck by an object propelled by or from the insured automobile;

"essential services benefits" means an amount not exceeding a limit of \$12.00 per day and a total limit of \$4,380 payable to an eligible

injured person as reimbursement for payments made to others, for substitute essential services of the type actually rendered during his lifetime and which he would ordinarily have performed not for income but for the care and maintenance of himself and his relatives;

"funeral expense benefits" means an amount not exceeding \$1,000 for reasonable funeral, burial and cremation expenses incurred;

"income" means salary, wages, tips, commissions, fees and other earnings derived from work or employment;

"income continuation benefits" means an amount not exceeding a limit of \$100 per week and a total limit of \$5,200 payable for the loss of income of an income producer during his lifetime, as a result of bodily injury disability;

"income producer" means a person who, at the time of the accident, was in an occupational status, earning or producing income;

"insured automobile" means an automobile with respect to which the named insured is required to maintain automobile liability insurance coverage under the New Jersey Automobile Reparation Reform Act, to which the bodily injury liability insurance of the policy applies and for which a specific premium is charged;

"medical expense benefits" means all reasonable expenses incurred for medical, surgical and dental treatment, professional nursing, hospital and rehabilitation services, x-ray and other diagnostic services, prosthetic devices, ambulance services, medication and other reasonable and necessary expenses incurred for treatment prescribed by persons licensed to practice medicine, surgery, psychology or chiropractic, or for any nonmedical remedial treatment rendered in accordance with a recognized religious method of healing;

"named insured" means the person or organization named as the insured in the declarations. If the insured automobile is owned by a farm family co-partnership or corporation, the term "named insured" also includes the head of the household of each family designated in the policy as having a working interest in the farm;

"pedestrian" means any person who is not occupying a vehicle propelled by other than muscular power and designed primarily for use on highways, rails and tracks and includes any person who is entering into or alighting from such a vehicle;

"private passenger automobile" means a self-propelled vehicle designed for use principally on public roads and which is one of the following types:

- (1) a private passenger or station wagon type automobile,
- (2) a pick-up or panel truck or delivery sedan, or
- (3) a utility automobile designed for personal use as a camper or motor home or for family recreational purposes; but

a private passenger automobile does not include a motorcycle, an automobile used as a public or livery conveyance for passengers, a pick-up or panel truck, delivery sedan or utility automobile customarily used for business, occupational or professional purposes other than farming or ranching or a utility automobile customarily used for the transportation of passengers other than members of the user's family or their guests;

"relative" means a person related to the named insured by blood, marriage or adoption (including a ward or foster child) who is a resident of the same household as the named insured;

"survivor benefits" means the amount or amounts payable in the event of the death of an eligible injured person as determined in subdivision (1) or (2) hereof, as appropriate;

- (1) if the eligible injured person was an income producer at the time of the accident, an amount equal to the difference between \$5,200 and all basic income continuation benefits paid for any loss of income resulting from his injury prior to his death;

- (2) if the eligible injured person ordinarily performed essential services for the care and maintenance of himself, his family or business, an amount not to exceed the difference between the amount of such services and the amount of such services actually performed at the time of the accident;

At the time this policy was issued, the company does not certify that these documents constitute a complete and accurate copy of the policy.

A-2981-1 TERM Printed in U. S. A. (ISO: A9894)

CONFIDENTIAL

Confidential - Subject to Protective
Order

HARTFORD000557

HFBKPLAN015138

SA 3447

Limit of Liability

Any amount payable by the Company as personal injury protection benefits with respect to bodily injury shall be reduced by all amounts paid, payable or required to be provided under any workmen's compensation or employees temporary disability law, or under Medicare provided under federal law.

The applicable limit on income continuation benefits applies separately to each full regular and customary work week of an eligible injured person. If his disability from work or employment consists of or includes only a part of such a week, the Company shall be liable for only that proportion of such weekly limit that the number of days lost from work or employment during the part week bears to the number of days in his full work week.

Policy Period; Territory

This insurance applies only to accidents which occur during the policy period and within the United States of America, its territories or possessions or Canada.

Conditions

1. Notice. In the event of an accident, written notice containing particulars sufficient to identify the eligible injured person, and also reasonably obtainable information respecting the time, place and circumstances of the accident shall be given by or on behalf of each eligible injured person to the Company or any of its authorized agents as soon as practicable. If any eligible injured person, his legal representative or survivors shall institute legal action to recover damages for injury against a person or organization who is or may be liable in tort therefor, a copy of the summons and complaint or other process served in connection with such legal action shall be forwarded as soon as practicable to the Company by such eligible injured person, his legal representative or his survivors.

2. Medical Reports; Proof of Claim. As soon as practicable the eligible injured person or someone on his behalf shall give to the Company written proof of claim, including full particulars of the nature and extent of the injuries and treatment received and contemplated, and such other information as may assist the Company in determining the amount due and payable. The eligible injured person shall submit to physical examination by physicians when and as often as the Company may reasonably require and a copy of the medical report will be forwarded to such eligible injured person if requested.

3. Multiple Policies Applicable to One Accident: Non-duplication of Benefits; Priority of Compiling Policies. Regardless of the number of automobiles insured for basic personal injury protection coverage pursuant to Section 4 of the New Jersey Automobile Reparation Reform Act, or the number of insurers or policies affording such coverage, there shall be no duplication of payment of basic personal injury protection benefits and the aggregate maximum amount payable under this and all applicable policies with respect to bodily injury to any one person as the result of any one accident shall not exceed the applicable amounts or limits specified in Section 4 of said Act.

This insurance applies on a primary basis to bodily injury to the named insured and his relative and on a secondary basis to all other eligible injured persons. Similarly, the basic personal injury protection coverage provided by other compiling policies applies on a primary basis to bodily injury to those persons who are named insureds under such policies and their relatives. If an eligible injured person to whom this insurance applies on a secondary basis has other basic personal injury protection coverage under another compiling policy applicable to his bodily injury on a primary basis, all claims for basic personal injury protection benefits shall first be made against the insurer issuing the other compiling policy. No basic personal injury protection benefits shall be due and payable under this insurance unless the other insurer fails to pay such benefits by reason of insolvency and the Company has been given written notice by the claimant of such failure. "Compiling Policy" means a policy of automobile liability insurance maintained pursuant to the requirements of Section 3 of the New Jersey Automobile Reparation Reform Act and providing basic personal injury protection coverage as approved by the Commissioner of Insurance.

4. Subrogation. In the event of any payment under this endorsement, the Company is subrogated to the rights of the person for whose benefit such payments were made, to the extent of such payments, and such person must execute and deliver instruments and papers and do whatever else is necessary to secure such rights. Such person shall do nothing after loss to prejudice such rights.

5. Reimbursement and Trust Agreement. Subject to any applicable limitations set forth in the New Jersey Automobile Reparation Reform Act, in the event of any payment to any person under this endorsement:

- the Company shall be entitled to the extent of such payment to the proceeds of any settlement or judgment that may result from the exercise of any rights of recovery of such person against any person or organization legally responsible for the bodily injury because of which such payment is made; and the Company shall have a lien to the extent of such payment notice of which may be given to the person or organization causing such bodily injury, his agent, his insurer or a court having jurisdiction in the matter;
- such person shall hold in trust for the benefit of the Company all rights of recovery which he shall have against such other person or organization because of such bodily injury;
- such person shall do whatever is proper to secure and shall do nothing after loss to prejudice such rights;
- such person shall execute and deliver to the Company such instruments and papers as may be appropriate to secure the rights and obligations of such person and the Company established by this provision.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company and its signature on this policy shall constitute a complete and accurate copy of the policy.

6. Payment of Personal Injury Protection Benefits. Medical expense benefits and essential services benefits may be paid at the option of the Company to the eligible injured person or the person or organization furnishing the products or services for which such benefits are due. In the event of the death of an eligible injured person any amounts payable, but unpaid prior to death, for medical expense benefits are payable to the eligible injured person's estate.

Benefits payable under subdivision (1) of the definition of survivor benefits are payable to the eligible injured person's surviving spouse, or if there is no surviving spouse, to his surviving children, or if there are no surviving spouse or surviving children, to the eligible injured person's estate.

Benefits payable under subdivision (2) of the definition of survivor benefits are payable to the person who has incurred the expense of providing essential services.

Funeral expense benefits are payable to the eligible injured person's estate.

SECTION II**Extended Medical Expense Benefits**

The Company will pay medical expense benefits not to exceed the total amount of \$10,000 with respect to bodily injury sustained by an insured person, caused by an accident occurring during the policy period within the United States of America, its territories or possessions or Canada and arising out of the ownership, maintenance or use, including loading or unloading, of an insured automobile or of a highway vehicle not owned by or furnished or available for the regular use of the named insured or any relative of the named insured.

Exclusions

The insurance under Section II is subject to all of the exclusions applicable to Section I, except that the word "person" in exclusion (c) is replaced by the word "pedestrian".

Definitions

The definitions under Section I apply to Section II and under Section II: "highway vehicle" means a land motor vehicle or trailer other than (1) a farm type tractor or other equipment designed for use principally off public roads, while not upon public roads, (2) a vehicle operated on rails or crawler-treads or (3) a vehicle while located for use as a residence or premises;

"insured person" means

(a) the named insured or any relative of the named insured, if the named insured or relative sustains bodily injury

(1) while occupying, using, entering into or alighting from a highway vehicle; or

(2) while a pedestrian, caused by a highway vehicle;

(b) any other person who sustains bodily injury while occupying a highway vehicle (other than a motorcycle or a vehicle while being used as a public or livery conveyance) if such highway vehicle is being operated by the named insured or a relative of the named insured or any other person using such highway vehicle with the permission of the named insured;

(c) any other person who sustains bodily injury while occupying an insured automobile if such insured automobile is being operated by the named insured or a relative of the named insured or any other person using such insured automobile with the permission of the named insured.

Conditions

Conditions 1, 2 and 4 of Section I apply to Section II, substituting the term "insured person" for "eligible injured person" wherever it appears therein. The following additional condition applies under Section II:

Other Insurance or Benefits. This insurance does not apply to loss or expense with respect to which an insured person is entitled to benefits under any workmen's compensation law or Medicare provided under federal law or under Section 4 of the New Jersey Automobile Reparation Reform Act.

This insurance does not apply to loss or expense to the extent that benefits are payable or are required to be provided therefor under any other automobile no-fault law or under any other automobile medical payments insurance.

SECTION III

In consideration of the insurance afforded under Sections I and II of this endorsement, and the adjustment of applicable rates:

(a) any amount payable for economic loss under the Protection Against Uninsured Motorists Coverage shall be reduced by the amount of any personal injury protection benefits paid or payable under this or any other automobile insurance policy because of bodily injury to an eligible injured person;

(b) any Automobile Medical Payments or Medical Expense Coverage afforded under the policy is deleted with respect to an automobile which is an insured automobile.

SECTION IV**Premium Recalculation**

The premium for the policy is based on rates which have been reduced in accordance with Section 18 of the New Jersey Automobile Reparation Reform Act to reflect the limitations on the right to recover damages imposed by Section 8 of said Act. If a court of competent jurisdiction declares, or enters a judgment the effect of which is to render, Section 8 of the Act invalid or unenforceable in whole or in part, the Company shall have the right to recalculate the premium payable for the policy on the basis of revised rates which are subject to approval by the Commissioner of Insurance.

Limit of Liability

Any amount payable by the Company as personal injury protection benefits with respect to bodily injury shall be reduced by all amounts paid, payable or required to be provided under any workmen's compensation or employee temporary disability law, or under Medicare provided under federal law.

The applicable limit on income continuation benefits applies separately to each full regular and customary work week of an eligible injured person. If his disability from work or employment consists of or includes only a part of such a week, the Company shall be liable for only that proportion of such weekly limit that the number of days lost from work or employment during the part week bears to the number of days in his full work week.

Policy Period; Territory

This insurance applies only to accidents which occur during the policy period and within the United States of America, its territories or possessions or Canada.

Conditions

1. **Notice.** In the event of an accident, written notice containing particulars sufficient to identify the eligible injured person, and also reasonably obtainable information respecting the time, place and circumstances of the accident shall be given by or on behalf of each eligible injured person to the Company or any of its authorized agents as soon as practicable. If any eligible injured person, his legal representative or survivors shall institute legal action to recover damages for injury against a person or organization who is or may be liable in tort therefor, a copy of the summons and complaint or other process served in connection with such legal action shall be forwarded as soon as practicable to the Company by such eligible injured person, his legal representative or his survivors.

2. **Medical Reports; Proof of Claim.** As soon as practicable the eligible injured person or someone on his behalf shall give to the Company written proof of claim, including full particulars of the nature and extent of the injuries and treatment received and contemplated, and such other information as may assist the Company in determining the amount due and payable. The eligible injured person shall submit to physical examination by physicians when and as often as the Company may reasonably require and a copy of the medical report will be forwarded to such eligible injured person if requested.

3. **Multiple Policies Applicable to One Accident; Non-duplication of Benefits; Priority of Compiling Policies.** Regardless of the number of automobiles insured for basic personal injury protection coverage pursuant to Section 4 of the New Jersey Automobile Reparation Reform Act, or the number of insurers or policies affording such coverage, there shall be no duplication of payment of basic personal injury protection benefits and the aggregate maximum amount payable under this and all applicable policies with respect to bodily injury to any one person as the result of any one accident shall not exceed the applicable amounts or limits specified in Section 4 of said Act.

This insurance applies on a primary basis to bodily injury to the named insured and his relative and on a secondary basis to all other eligible injured persons. Similarly, the basic personal injury protection coverage provided by other compiling policies applies on a primary basis to bodily injury to those persons who are named insureds under such policies and their relatives. If an eligible injured person to whom this insurance applies on a secondary basis has other basic personal injury protection coverage under another compiling policy applicable to his bodily injury on a primary basis, all claims for basic personal injury protection benefits shall first be made against the insurer issuing the other compiling policy. No basic personal injury protection benefits shall be due and payable under this insurance unless the other insurer fails to pay such benefits by reason of insolvency and the Company has been given written notice by the claimant of such failure. "Compiling Policy" means a policy of automobile liability insurance maintained pursuant to the requirements of Section 3 of the New Jersey Automobile Reparation Reform Act and providing basic personal injury protection coverage as approved by the Commissioner of Insurance.

4. **Subrogation.** In the event of any payment under this endorsement, the Company is subrogated to the rights of the person for whose benefit such payments were made, to the extent of such payments, and such person must execute and deliver instruments and papers and do whatever else is necessary to secure such rights. Such person shall do nothing after loss to prejudice such rights.

5. **Reimbursement and Trust Agreement.** Subject to any applicable limitations set forth in the New Jersey Automobile Reparation Reform Act, in the event of any payment to any person under this endorsement:

- the Company shall be entitled to the extent of such payment to the proceeds of any settlement or judgment that may result from the exercise of any rights of recovery of such person against any person or organization legally responsible for the bodily injury because of which such payment is made; and the Company shall have a lien to the extent of such payment notice of which may be given to the person or organization causing such bodily injury, his agent, his insurer or a court having jurisdiction in the matter;
- such person shall hold in trust for the benefit of the Company all rights of recovery which he shall have against such other person or organization because of such bodily injury;
- such person shall do whatever is proper to secure and shall do nothing after loss to prejudice such rights;
- such person shall execute and deliver to the Company such instruments and papers as may be appropriate to secure the rights and obligations of such person and the Company established by this provision.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

6. **Payment of Personal Injury Protection Benefits.** Medical expense benefits and essential services benefits may be paid at the option of the Company to the eligible injured person or the person or organization furnishing the products or services for which such benefits are due. In the event of the death of an eligible injured person any amounts payable, but unpaid prior to death, for medical expense benefits are payable to the eligible injured person's estate.

Benefits payable under subdivision (1) of the definition of survivor benefits are payable to the eligible injured person's surviving spouse, or if there is no surviving spouse, to his surviving children, or if there are no surviving spouse or surviving children, to the eligible injured person's estate.

Benefits payable under subdivision (2) of the definition of survivor benefits are payable to the person who has incurred the expense of providing essential services.

Funeral expense benefits are payable to the eligible injured person's estate.

SECTION II**Extended Medical Expense Benefits**

The Company will pay medical expense benefits not to exceed the total amount of \$10,000 with respect to bodily injury sustained by an insured person, caused by an accident occurring during the policy period within the United States of America, its territories or possessions or Canada and arising out of the ownership, maintenance or use, including loading or unloading, of an insured automobile or of a highway vehicle not owned by or furnished or available for the regular use of the named insured or any relative of the named insured.

Exclusions

The insurance under Section II is subject to all of the exclusions applicable to Section I, except that the word "person" in exclusion (c) is replaced by the word "pedestrian".

Definitions

The definitions under Section I apply to Section II and under Section II: "highway vehicle" means a land motor vehicle or trailer other than (1) a farm type tractor or other equipment designed for use principally off public roads, while not upon public roads, (2) a vehicle operated on rails or crawler-treads or (3) a vehicle while located for use as a residence or premises;

"Insured person" means

- the named insured or any relative of the named insured, if the named insured or relative sustains bodily injury
 - while occupying, using, entering into or alighting from a highway vehicle; or
 - while a pedestrian, caused by a highway vehicle;
- any other person who sustains bodily injury while occupying a highway vehicle (other than a motorcycle or a vehicle while being used as a public or livery conveyance) if such highway vehicle is being operated by the named insured or a relative of the named insured or any other person using such highway vehicle with the permission of the named insured;
- any other person who sustains bodily injury while occupying an insured automobile if such insured automobile is being operated by the named insured or a relative of the named insured or any other person using such insured automobile with the permission of the named insured.

Conditions

Conditions 1, 2 and 4 of Section I apply to Section II, substituting the term "insured person" for "eligible injured person" wherever it appears therein. The following additional condition applies under Section II:

Other Insurance or Benefits. This insurance does not apply to loss or expense with respect to which an insured person is entitled to benefits under any workmen's compensation law or Medicare provided under federal law or under Section 4 of the New Jersey Automobile Reparation Reform Act.

This insurance does not apply to loss or expense to the extent that benefits are payable or are required to be provided therefor under any other automobile no-fault law or under any other automobile medical payments insurance.

SECTION III

In consideration of the insurance afforded under Sections I and II of this endorsement, and the adjustment of applicable rates:

- any amount payable for economic loss under the Protection Against Uninsured Motorists Coverage shall be reduced by the amount of any personal injury protection benefits paid or payable under this or any other automobile insurance policy because of bodily injury to an eligible injured person;
- any Automobile Medical Payments or Medical Expense Coverage afforded under the policy is deleted with respect to an automobile which is an insured automobile.

SECTION IV**Premium Recomputation**

The premium for the policy is based on rates which have been reduced in accordance with Section 18 of the New Jersey Automobile Reparation Reform Act to reflect the limitations on the right to recover damages imposed by Section 8 of said Act. If a court of competent jurisdiction declares, or enters a judgment the effect of which is to render, Section 8 of the Act invalid or unenforceable in whole or in part, the Company shall have the right to recompute the premium payable for the policy on the basis of revised rates which are subject to approval by the Commissioner of Insurance.

The company located these documents in its business records. At this time, the undersigned does not certify that these documents constitute a complete and accurate copy of the policy.

A-2991-1 TERM Printed in U. S. A. (ISO: A299b)

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000559

HFBKPLAN015140

SA 3449

COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE—COVERAGE PART

COMPANY COPY



Und. Approved	Confidential Report	Und. Notes:
Quality Control		

10 C A43342E

This Coverage Part forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective _____ (at the hour stated in the policy) and forms a part of the above designated policy issued to _____.

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

SCHEDULE

The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverages	Advance Premiums	Limits of Liability
C — Bodily Injury Liability	\$ 1710.00	\$500,000 each person \$500,000 each occurrence
D — Property Damage Liability	\$ 1074.00	\$500,000 each occurrence

1. Owned Automobiles Premium Basis — Per Automobile

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage, Bus Seating Capacity)	Identification No. (S) Serial No. (M)	(I) Town and State in which the automobile will be principally garaged	(a) Purpose of Use Classification	Advance Premiums Coverage C	Coverage D
SEE SCHEDULE ATT					1557.00	995.00

2. Hired Automobiles Premium Basis—Cost of Hire

Types Hired (b)	Locations where automobiles will be principally used	Purposes of Use (a)	Estimated Cost of Hire	Rates per \$100 Cost of Hire Coverage C	Coverage D
IF ANY NORTH BRUNSWICK N J COMM					

3. Non-Owned Automobiles Premium Basis—Class 1 Persons and Class 2 Employees

Class 1 Persons—Location of Headquarters of Class 1 Persons and Total Number of such persons at each location				Rates Per Person	
				Coverage C	Coverage D
NORTH BRUNSWICK N J					
IF ANY					
Class 2 Employees—Estimated Average Number		Location of Headquarters of Class 2 Employees		Rates Per Employee	
				Coverage C	Coverage D
900		NORTH BRUNSWICK N J		.258	.133
				153.00	79.00

Form Numbers of Endorsements forming part of this Coverage Part at issue:

TOTAL ADVANCE PREMIUMS	\$ 1710.00	\$ 1074.00
------------------------	------------	------------

The conditions and provisions printed on page CAL-2 of this form are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, provided that such agent makes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid counter signature.

does not certify that these documents constitute a complete and accurate copy of the policy.

(a) P & B = Pleasure and Business; C = Commercial

(b) PP = Private Passenger Automobile; C = Commercial Automobile

Form A-3007-0 CDR Printed in U.S.A. (ISO: CAL)

CAL-1

CONFIDENTIAL

HARTFORD000560

Confidential - Subject to Protective Order

HFBKPLAN015141

SA 3450

COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE—COVERAGE PART

COMPANY COPY



Und. Approved	Confidential Report	Und. Notes:
Quality Control		

This Coverage Part forms a part of Policy No. **10 C A43342E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective.....(at the hour stated in the policy) and forms a part of the above designated policy issued to.....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

SCHEDULE

The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverages	Advance Premiums	Limits of Liability
C — Bodily Injury Liability	\$ 1710.00	\$500,000 each person \$500,000 each occurrence
D — Property Damage Liability	\$ 1074.00	\$500,000 each occurrence

1. Owned Automobiles Premium Basis — Per Automobile

Year Model	Body Type - Truck Size	Identification No. (I)	Town and State in which the automobile will be principally garaged	Purpose of Use	Advance Premiums		
Trade Name	(Truck Load, Gallonage, Bus Seating Capacity)	Serial No. (S)	Motor No. (M)	Classification	Coverage C	Coverage D	
SEE SCHEDULE ATT						1557.00	995.00

2. Hired Automobiles Premium Basis—Cost of Hire

Types Hired (b)	Locations where automobiles will be principally used	Purposes of Use (a)	Estimated Cost of Hire	Rates per \$100 Cost of Hire	
				Coverage C	Coverage D
IF ANY NORTH BRUNSWICK N J COMM					

3. Non-Owned Automobiles Premium Basis—Class 1 Persons and Class 2 Employees

Class 1 Persons—Location of Headquarters of Class 1 Persons and Total Number of such persons at each location

		Rates Per Person	
		Coverage C	Coverage D
NORTH BRUNSWICK N J			
IF ANY			

Class 2 Employees—Estimated Average Number	Location of Headquarters of Class 2 Employees	Rates Per Employee	
		Coverage C	Coverage D
900	NORTH BRUNSWICK N J	.258	.133

Form Numbers of Endorsements forming part of this Coverage Part at issue:

TOTAL ADVANCE PREMIUMS	
\$ 1710.00	\$ 1074.00

The conditions and provisions printed on page CAL-2 of this form are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, for each part thereof, countersignature on the declaration part of said policy by a duly authorized agent of the company shall constitute valid countersignature for the entire policy.

business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

(a) P & B = Pleasure and Business; C = Commercial
(h) PP = Private Passenger Automobile; C = Commercial Automobile

Form A-8007-0 CDR Printed in U.S.A. (ISO: CAL)

CAL-1

CONFIDENTIAL

HARTFORD000561

Confidential - Subject to Protective Order

HFBKPLAN015142

SA 3451

**Automobile Medical Payments
Insurance Coverage Part**

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

10 C A43342E

This Coverage Part forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective _____ (at the hour stated in the policy) and forms a part of the above designated policy issued to _____.

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

SCHEDULE

The insurance afforded is with respect to the following coverage as indicated by specific premium charge or charges. The limit of the company's liability against such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverages	Advance Premium	Limits of Liability
F — Automobile Medical Payments	\$ 346.00	\$ 5,000 each person

Designation of Automobiles—Division 1

- (1) ☐ Any owned automobile
- (2) ☐ Any hired automobile
- (3) ☒ Any licensed owned private passenger automobile
- (4) ☐ Any automobile described in the schedule and designated "M.P."
- (5) ☐ Any non-owned automobile
- (6) ☐ _____

Designated Person Insured—Division 2**Advance Premium**

\$
\$
\$

Form Numbers of Endorsements forming part of this Coverage Part at issue:

The conditions and provisions printed on page AMP-2 of this form are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, _____, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid counter-signature of the Coverage Part.

business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

A-3008-1 CDR Printed in U. S. A. (ISO: CP-00-15) Ed 1-74

AMP-1

CONFIDENTIAL**HARTFORD000562**

Confidential - Subject to Protective
Order

HFBKPLAN015143

SA 3452

**Automobile Medical Payments
Insurance Coverage Part**

Und. Approve	Confidential Report	Und. Notes:
Quality Control		

10 C A43342E

This Coverage Part forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective _____ (at the hour stated in the policy) and forms a part of the above designated policy issued to _____

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

SCHEDULE

The insurance afforded is with respect to the following coverage as indicated by specific premium charge or charges. The limit of the company's liability against such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverages	Advance Premium	Limits of Liability
F — Automobile Medical Payments	\$ 346.00 1443.00	\$ 5,000 each person

Designation of Automobiles—Division 1

- (1) ☐ Any owned automobile
- (2) ☐ Any hired automobile
- (3) ☒ Any licensed owned private passenger automobile
- (4) ☐ Any automobile described in the schedule and designated "M.P."
- (5) ☐ Any non-owned automobile
- (6) ☐ _____

Designated Person Insured—Division 2

Advance Premium

Form Numbers of Endorsements forming part of this Coverage Part at issue:

The conditions and provisions printed on page AMP-2 of this form are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, for the purpose of the policy, the company shall constitute valid counterparty by a duly authorized agent of the company shall constitute valid counterparty.

business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

A-3008-1 CDR Printed in U. S. A. (ISO: CP-00-15) Ed 1-74

AMP-1

CONFIDENTIAL**HARTFORD000563**

Confidential - Subject to Protective
Order

HFBKPLAN015144

SA 3453

Protection Against UNINSURED MOTORISTS INSURANCE—COVERAGE PART;

COMPANY COPY



Und. Approved	Confidential Report	Und. Notes:
Quality Control		

10 C A43342E

This Coverage Part forms a part of Policy No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective 10/1/2022 (at the hour stated in the policy) and forms a part of the above designated policy issued to AS RESPECTS TO: NEW JERSEY

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

SCHEDULE

The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverage	Advance Premium	Limits of Liability
U — Uninsured Motorists	\$ <u>26.00 32.00</u>	\$ 15,000 each person \$ 30,000 each accident

Designated Insured:

AS RESPECTS TO: NEW JERSEY

Description of Insured Highway Vehicles
(Check appropriate box)

- ☒ Any automobile owned by the named insured
- ☐ Any private passenger automobile owned by the named insured
- ☐ Any highway vehicle to which are attached dealer's license plates issued to the named insured
- ☐ Any highway vehicle designated in the schedule of the policy by the letters "UM" and a highway vehicle ownership of which is acquired during the policy period by the named insured as a replacement thereof
- ☐ Any mobile equipment owned or leased by and registered in the name of the named insured
- ☐

I. COVERAGE U — UNINSURED MOTORISTS

(Damages for Bodily Injury)

The company will pay all sums which the insured or his legal representative shall be legally entitled to recover as damages from the owner or operator of an uninsured highway vehicle because of bodily injury sustained by the insured, caused by accident and arising out of the ownership, maintenance or use of such uninsured highway vehicle; provided, for the purposes of this coverage, determination as to whether the insured or such representative is legally entitled to recover such damages, and if so the amount thereof, shall be made by agreement between the insured or such representative and the company or, if they fail to agree, by arbitration.

No judgment against any person or organization alleged to be legally responsible for the bodily injury shall be conclusive, as between the insured and the company, of the issues of liability of such person or organization or of the amount of damages to which the insured is legally entitled unless such judgment is entered pursuant to an action prosecuted by the insured with the written consent of the company.

Exclusions

This insurance does not apply:

- (a) to bodily injury to an insured with respect to which such insured, his legal representative or any person entitled to payment under this insurance shall, without written consent of the company, make any settlement with any person or organization who may be legally liable therefor;

- (b) to bodily injury to an insured while occupying a highway vehicle (other than an insured highway vehicle) owned by the named insured, any designated insured or any relative resident in the same household as the named or designated insured, or through being struck by such a vehicle, but this exclusion does not apply to the named insured or his relatives while occupying or if struck by a highway vehicle owned by a designated insured or his relatives;
- (c) so as to inure directly or indirectly to the benefit of any workmen's compensation or disability benefits carrier or any person or organization qualifying as a self-insurer under any workmen's compensation or disability benefits law or any similar law.

II. PERSONS INSURED

Each of the following is an insured under this insurance to the extent set forth below:

- (a) the named insured and any designated insured and, while residents of the same household, the spouse and relatives of either;
- (b) any other person while occupying an insured highway vehicle; and
- (c) any person, with respect to damages he is entitled to recover because of bodily injury to which this insurance applies sustained by an insured under (a) or (b) above.

The insurance applies separately with respect to each insured, except with respect to the limits of the company's liability.

The conditions and provisions printed on pages UM-2 and UM-3 of this form are hereby referred to and made a part hereof. This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, whose signature and the relative's signature shall constitute valid counter-signature of this Coverage Part.

does not certify that these documents constitute a complete and accurate copy of the policy.

Form A-3009-1 CDR Printed in U. S. A. (ISO: UM)

UM-1

CONFIDENTIAL

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Order

HARTFORD000564

HFBKPLAN015145

SA 3454

Protection Against UNINSURED MOTORISTS INSURANCE—COVERAGE PART

COMPANY COPY



Und. Approved	Confidential Report	Und. Notes:
Quality Control		

10 C A43342E

This Coverage Part forms a part of Policy No. 9 issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective (at the hour stated in the policy) and forms a part of the above designated policy issued to

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

SCHEDULE

The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverage	Advance Premium	Limits of Liability
U—Uninsured Motorists	\$ <u>18.00 297.00</u>	\$10,000 each person \$20,000 each accident

Designated Insured:

AS RESPECTS TO: WISCONSIN MAINE AND MINNESOTA

Description of Insured Highway Vehicles
(Check appropriate box)

- ☒ Any automobile owned by the named insured
- ☐ Any private passenger automobile owned by the named insured
- ☐ Any highway vehicle to which are attached dealer's license plates issued to the named insured
- ☐ Any highway vehicle designated in the schedule of the policy by the letters "UM" and a highway vehicle ownership of which is acquired during the policy period by the named insured as a replacement thereof
- ☐ Any mobile equipment owned or leased by and registered in the name of the named insured
- ☐

I. COVERAGE U—UNINSURED MOTORISTS (Damages for Bodily Injury)

The company will pay all sums which the insured or his legal representative shall be legally entitled to recover as damages from the owner or operator of an uninsured highway vehicle because of bodily injury sustained by the insured, caused by accident and arising out of the ownership, maintenance or use of such uninsured highway vehicle; provided, for the purposes of this coverage, determination as to whether the insured or such representative is legally entitled to recover such damages, and if so the amount thereof, shall be made by agreement between the insured or such representative and the company or, if they fail to agree, by arbitration.

No judgment against any person or organization alleged to be legally responsible for the bodily injury shall be conclusive, as between the insured and the company, of the issues of liability of such person or organization or of the amount of damages to which the insured is legally entitled unless such judgment is entered pursuant to an action prosecuted by the insured with the written consent of the company.

Exclusions

This insurance does not apply:

- (a) to bodily injury to an insured with respect to which such insured, his legal representative or any person entitled to payment under this insurance shall, without written consent of the company, make any settlement with any person or organization who may be legally liable therefor;

(b) to bodily injury to an insured while occupying a highway vehicle (other than an insured highway vehicle) owned by the named insured, any designated insured or any relative resident in the same household as the named or designated insured, or through being struck by such a vehicle, but this exclusion does not apply to the named insured or his relatives while occupying or if struck by a highway vehicle owned by a designated insured or his relatives;

(c) so as to inure directly or indirectly to the benefit of any workmen's compensation or disability benefits carrier or any person or organization qualifying as a self-insurer under any workmen's compensation or disability benefits law or any similar law.

II. PERSONS INSURED

Each of the following is an insured under this insurance to the extent set forth below:

- (a) the named insured and any designated insured and, while residents of the same household, the spouse and relatives of either;
- (b) any other person while occupying an insured highway vehicle; and
- (c) any person, with respect to damages he is entitled to recover because of bodily injury to which this insurance applies sustained by an insured under (a) or (b) above.

The insurance applies separately with respect to each insured, except with respect to the limits of the company's liability.

The conditions and provisions printed on pages UM-2 and UM-3 of this form are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, provided that this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, losses a part thereof, counterinsured to the declarative case of said policy by a duly authorized agent of the company shall constitute valid counterinsured to the Coverage Part.

does not certify that these documents constitute a complete and accurate copy of the policy.

Form A-3009-1 CDR Printed in U. S. A. (ISO: UM)

UM-1

CONFIDENTIAL

HARTFORD000565

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Order

HFBKPLAN015146

SA 3455

Protection Against UNINSUR

MOTORISTS INSURANCE—COVER E PART

COMPANY COPY



Und. Approved	Confidential Report	Und. Notes:
Quality Control		

10 C A43342E

This Coverage Part forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective.....(at the hour stated in the policy) and forms a part of the above designated policy issued to.....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

SCHEDULE

The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverage	Advance Premium	Limits of Liability
U — Uninsured Motorists	\$ 26.00	\$ 15,000 each person \$ 30,000 each accident

Designated Insured:

AS RESPECTS TO: NEW JERSEY

Description of Insured Highway Vehicles
(Check appropriate box)

- ☒ Any automobile owned by the named insured
- ☐ Any private passenger automobile owned by the named insured
- ☐ Any highway vehicle to which are attached dealer's license plates issued to the named insured
- ☐ Any highway vehicle designated in the schedule of the policy by the letters "UM" and a highway vehicle ownership of which is acquired during the policy period by the named insured as a replacement therefor
- ☐ Any mobile equipment owned or leased by and registered in the name of the named insured
- ☐

I. COVERAGE U — UNINSURED MOTORISTS

(Damages for Bodily Injury)

The company will pay all sums which the insured or his legal representative shall be legally entitled to recover as damages from the owner or operator of an uninsured highway vehicle because of bodily injury sustained by the insured, caused by accident and arising out of the ownership, maintenance or use of such uninsured highway vehicle; provided, for the purposes of this coverage, determination as to whether the insured or such representative is legally entitled to recover such damages, and if so the amount thereof, shall be made by agreement between the insured or such representative and the company or, if they fail to agree, by arbitration.

No judgment against any person or organization alleged to be legally responsible for the bodily injury shall be conclusive, as between the insured and the company, of the issues of liability of such person or organization or of the amount of damages to which the insured is legally entitled unless such judgment is entered pursuant to an action prosecuted by the insured with the written consent of the company.

Exclusions

This insurance does not apply:

- (a) to bodily injury to an insured with respect to which such insured, his legal representative or any person entitled to payment under this insurance shall, without written consent of the company, make any settlement with any person or organization who may be legally liable therefor;

- (b) to bodily injury to an insured while occupying a highway vehicle (other than an insured highway vehicle) owned by the named insured, any designated insured or any relative resident in the same household as the named or designated insured, or through being struck by such a vehicle, but this exclusion does not apply to the named insured or his relatives while occupying or if struck by a highway vehicle owned by a designated insured or his relatives;
- (c) so as to inure directly or indirectly to the benefit of any workmen's compensation or disability benefits carrier or any person or organization qualifying as a self-insurer under any workmen's compensation or disability benefits law or any similar law.

II. PERSONS INSURED

Each of the following is an insured under this insurance to the extent set forth below:

- (a) the named insured and any designated insured and, while residents of the same household, the spouse and relatives of either;
- (b) any other person while occupying an insured highway vehicle; and
- (c) any person, with respect to damages he is entitled to recover because of bodily injury to which this insurance applies sustained by an insured under (a) or (b) above.

The insurance applies separately with respect to each insured, except with respect to the limits of the company's liability.

The conditions and provisions printed on pages UM-2 and UM-3 of this form are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, and, at issue of said policy, forms a part thereof. Counter signatures on the declarations page of said policy by a duly authorized agent of the company shall constitute valid counter signatures to this Coverage Part. At this time, the company

does not certify that these documents constitute a complete and accurate copy of the policy.

Form A-3009-0 CDR Printed in U. S. A. (ISO: UM)

UM-1

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HARTFORD000566

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HFBKPLAN015147

SA 3456

Automobile Physical Damage Insurance (Fleet Automatic) Coverage Part

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

10 C A43342E

This Coverage Part forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective _____ (at the hour stated in the policy) and forms a part of the above designated policy issued to _____.

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

Items

SCHEDULE

(a) The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges and, under each such coverage, applies only to such covered automobiles as are indicated, by entry herein, of one or more of the designating numerals for that purpose appearing in division (b) of this Item. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Coverages	★Covered Automobiles	Limit of Liability — each covered automobile	Advance Premiums
		Amount or "ACV" (Actual Cash Value) Deductible	"S" entered below means: "As separately stated in the Schedule of Covered Automobiles made a part hereof"
O. Comprehensive	CA- CA-	ACV \$ \$	SEE SCHEDULE ATTACHED 261.00
P. Collision	CA- CA-	\$ \$	\$
O. Fire, Lightning or Transportation	CA- CA-	\$ \$	\$
R. Theft	CA- CA-	\$ \$	\$
S. Windstorm, Hail, Earthquake or Explosion	CA- CA-	\$ \$	\$
T. Combined Additional	CA- CA-	\$ \$	\$
V. Towing (Not available in California)	CA- CA-	\$25 for each disablement	\$

Form Numbers of Endorsements forming part of this Coverage Part at issue:

Maximum Limit of Liability	Advance Premium for Endorsements
\$ Any one covered automobile	\$
\$ All covered automobiles at any one location	\$
\$ All covered automobiles	\$
TOTAL ADVANCE PREMIUMS	\$ 261.00

Records to be submitted ("M" = monthly; "Q" = quarterly; "S" = semi-annually):

(b) Explanation of above entries designating the covered automobiles to which this insurance applies, under each Coverage afforded:

★ CA-1 = all covered automobiles
CA-2 = all registered covered automobiles
CA-3 = all covered automobiles of the private passenger type
CA-4 = all covered automobiles of the commercial type

CA-5 = the covered automobiles described in the Schedule of Covered Automobiles made a part hereof (including newly acquired vehicles, subject to the provisions of paragraph (b) of the "covered automobile" definition)

When also entered with CA-1, 2, 3 or 4:
6 = excluding vehicles leased to the named insured
7 = excluding under Collision Coverage, any vehicle not having an actual cash value of at least \$ _____

2. Schedule of Covered Automobiles as of effective date of this insurance

(a) Description; (b) Facts Respecting Purchase; (c) Limit of Liability (if not stated in Item 1 above), Rates, Advance Premiums

AUTO No.	(a)	Year Model	Trade Name	Body Type - Capacity (Truck Load, Gallonage, Bus Seating)	Identification No. (D), Serial No. (S), Motor No. (M)	No. of Cyls. Model	Principally garaged in (Town, State)	*Purpose of Use	Classification					
1	SEE SCHEDULE ATTACHED													
2														
AUTO No.	(b)	List Price	Actual Cost	Purchased Mo./Yr.—New (N); Used (U)	Rating Symbol	Any loss under Coverages other than Towing is payable as interest may appear to the named insured and the Loss Payee named below:								
1														
2														
AUTO No.	(c) Limit of Liability—each covered automobile described in (a) above and covered for: Coverages other than Collision Enter:				Rates	Advance Premiums								
	Amt. or "ACV"		Deductible	"ACV"		Collision Enter:	Deductible	Cov. O	Cov. P	Cov. Q	Cov. R	Cov. S	Cov. T	Cov. V
1		\$		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2		\$		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
"ACV" means Actual Cash Value						Totals	\$	\$	\$	\$	\$	\$	\$	\$

3. Except with respect to bailment lease, conditional sale, purchase agreement, mortgage or other encumbrance, the named insured is the sole owner of every covered automobile designated above as covered under this insurance, unless otherwise stated herein:

The conditions and provisions printed on pages PHF-2, PHF-3 and PHF-4 of this form are hereby accepted as a part of this policy. This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid counter signature of this policy.

* P & B = Pleasure and Business; C = Commercial

A-3011-1 CDR Printed in U. S. A. (ISO: CP-00-35) Ed. 8-74

PHF-1

Countersigned by

Authorized Agent

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HARTFORD000567

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HFBKPLAN015148

SA 3457

GARAGE INSURANCE — COVERAGE PART

COMPANY COPY

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

10 C A43342E

This Coverage Part forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective _____ (at the hour stated in the policy) and forms a part of the above designated policy issued to _____

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

SCHEDULE

The insurance afforded is only with respect to such of the following coverages and hazards thereunder as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverages	Limits of Liability	Hazards	Advance Premiums
GARAGE LIABILITY		GARAGE operations including	
G. Bodily Injury Liability	\$ _____,000 each person	Automobile Hazard 1	\$ _____
	\$ _____,000 each occurrence	Automobile Hazard 2	\$ _____
		Escalators	\$ _____
H. Property Damage Liability	\$ _____,000 each occurrence subject to \$100 deductible as set forth in Limits of Liability provision.	GARAGE operations including	
		Automobile Hazard 1	\$ _____
		Automobile Hazard 2	\$ _____
		Escalators	\$ _____
EXPENSES FOR MEDICAL SERVICES		Premium Rate	
I. Automobile Medical Payments	\$ _____ each person	% of Coverage G Premium	\$ _____
I. and J. Automobile and Premises Medical Payments		% of Coverage G Premium	\$ _____
GARAGEKEEPERS' LEGAL LIABILITY	Limits of Liability — each location	Less Deductible	
K-1. Fire and Explosion	As stated below		\$ 485.00
K-2. Theft of the Entire Automobile	As stated below		\$ INCL
K-3. Riot, Civil Commotion, Malicious Mischief and Vandalism	As stated below	\$25 each loss caused by malicious mischief or vandalism	\$ 168.00
K-4. Collision or Upset	As stated below. If Coverage K-4 is afforded, the limit stated below for each location includes \$5,000 limit for loss to property other than automobiles.	\$ 250 each loss caused by Collision or Upset	\$ 388.00
Form Numbers of Endorsements forming part of this Coverage Part at issue:			Advance Prem. for Endorsements \$ _____
			TOTAL ADVANCE PREMIUMS \$ 1,000.00 1084

The following are the addresses of all premises where the named insured conducts garage operations.

Location No.	Address (Show main sales location, if any, as Location No. 1)	GARAGE LIABILITY — Premium Basis		GARAGE LIABILITY — Rates		GARAGEKEEPERS' LEGAL LIABILITY	
		(1) (2) (3): Remuneration (4): Total Number (5): Total Number	(1) (2) (3): Per \$100 Remuneration (4): Per Automobile (5): Per Escalator	Coverage G	Coverage H	Limit of Liability	Maximum No. of Customers' Automobiles Stored
1	PHILTOWER BLDG TULSA OKLA	(1) Class A \$ _____ (2) Class B \$ _____ (3) Class C \$ _____ (4) Furnished Automobiles _____ (5) Escalators _____	(1) (2) (3): Per \$100 Remuneration (4): Per Automobile (5): Per Escalator			750,000	315
2	Description of Escalator Location in Building Code No.	(1) Class A \$ _____ (2) Class B \$ _____ (3) Class C \$ _____ (4) Furnished Automobiles _____ (5) Escalators _____	(1) (2) (3): Per \$100 Remuneration (4): Per Automobile (5): Per Escalator				

All automobiles owned by the named insured are used principally in garage operations of the named insured, except automobiles (1) assigned to the named insured, a partner therein or a member thereof, or an executive officer thereof, or, if a resident of the same household, the spouse of any of them or (2) furnished to any person or organization named below.

Automobiles owned by the named insured are furnished to the following persons or organizations for their regular use for other business purposes or for non-business purposes (do not list the named insured, any partner, member, executive officer or, if a resident of the same household, the spouse of any of them, unless more than one automobile is furnished concurrently to such person and then show only the number of automobiles so furnished in excess of one):

Name: _____ Number of Such Automobiles: _____

The conditions and provisions printed on pages GAR-2, GAR-3 and GAR-4 are hereby agreed to by the named insured and the company.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, provided that if the Coverage Part is not countersigned by a duly authorized agent of the company, it shall constitute valid counterparty to the policy and, at issue of said policy, the company located these documents in its files and a complete and accurate copy of the policy.

Form A-3013-4 CDR Printed in U. S. A.

GAR-1

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HARTFORD000568

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HFBKPLAN015149

SA 3458

Schedule of Automobiles and Covered Automobiles PAGE 1

This Schedule forms a part of Policy No. **10 C 3342E** issued by THE HARTFORD INSURANCE GROUP Company designated therein and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date: **11 75**
12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Seats, Truck Load, Gallonage Gas Storage Capacity	Identification No. (D) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New/Used	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs
						BI Liab. Prem.	PD Liab. Prem.	Non-Coll. Cov. (Insert Applicable Symbols)	Aut. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)	Premium	
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	PIP Medical Payments	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Aut. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)	Premium	
1.	69 CHEV DUMP #C5439P843448			C		\$ 11.00	\$ 39.00		\$	\$		\$	\$	
	MENDHAM N J		25	8CA		\$ 22.00	\$ 2.00		\$	\$		\$	\$	
2.	71 DODGE S W #B23A41S120542			P&B		\$ 86.00	\$ 52.00		\$	\$		\$	\$	
	MENDHAM N J		25	PPT		\$ 6.00			\$	\$		\$	\$	
3.	69 CHEV P U, #CS139T830725			C		\$ 1.00	\$ 2.00		\$	\$		\$	\$	
	MENDHAM N J		25	6		\$ 17.00	\$ 2.00		\$	\$		\$	\$	
4.	60 CHEV P U #KS2495804986			C		\$ 54.00	\$ 45.00		\$	\$		\$	\$	
	MENDHAM N J		25	6		\$ 17.00	\$ 2.00		\$	\$		\$	\$	
5.	70 FORD TRACTOR #C243596					\$ 13.00	\$ 4.00		\$	\$		\$	\$	
	MENDHAM N J		25	MOBILE EQUIPMENT					\$	\$		\$	\$	
6.	66 CHEV VAN #P01266P105182			P&B		\$ 86.00	\$ 52.00		\$	\$		\$	\$	
	MENDHAM N J		25	PPP		\$ 6.00			\$	\$		\$	\$	
7.	66 INTL BACKHOE #05182					\$ 1.00	\$ 2.00		\$	\$		\$	\$	
	MENDHAM N J		25	MOBILE EQUIPMENT		\$ 13.00	\$ 4.00		\$	\$		\$	\$	
Total						\$ 377.00	\$ 261.00					\$	\$	
LOSS PAYEES - IDENTIFY BY UNIT OR ENTRY NO.						\$ 12.00	\$					\$	\$	
No.	Name and Address of Loss Payee					\$ 58.00	\$ 30.00							
	CSL 9% (.91) INCL													

A-3471-9 Printed in U. S. A.

CONFIDENTIAL

HARTFORD000569

Confidential - Subject to Protective Order

HFBKPLAN015150

SA 3459

Schedule of Automobiles and Covered Automobiles

This Schedule forms a part of Policy No. **10 C 43342B** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date **1 1 75**
12:01 A.M., standard time



As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls. Truck Load, Gallonage Box Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	Purpose of Use	Purchased No./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						Premium
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Aut. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)	Flowing and Labor Costs	
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Aut. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)	Flowing and Labor Costs	Premium
8.	73 DODGE P U #026BE3F103904			C		\$ 54.00	\$ 45.00		\$	\$		\$	\$	
	MENDHAM N J		25	6		\$ 17.00	\$ 2.00		\$	\$		\$	\$	
9.	68 CHEV P U #CS148T122234			C		\$ 54.00	\$ 45.00		\$	\$		\$	\$	
	MENDHAM N J		25	6		\$ 17.00	\$ 2.00		\$	\$		\$	\$	
10.	68 CHEV P U #CS148T122265			C		\$ 54.00	\$ 45.00		\$	\$		\$	\$	
	MENDHAM N J		25	6		\$ 17.00	\$ 2.00		\$	\$		\$	\$	
11.	72 CHEV P U #CC8142B139673			C		\$ 54.00	\$ 45.00		\$	\$		\$	\$	
	MENDHAM N J		25	6		\$ 17.00	\$ 2.00		\$	\$		\$	\$	
12.	64 CHEV STAKE TRK #4C369T132515			C		\$ 71.00	\$ 59.00		\$	\$		\$	\$	
	MENDHAM N J		25	8 CA		\$ 22.00	\$ 2.00		\$	\$		\$	\$	
13.	68 FORD TRACTOR C187425					\$ 13.00	\$ 4.00		\$	\$		\$	\$	
	NORTH BRUNSWICK N J		40	MOBILE EQUIPMENT		\$	\$		\$	\$		\$	\$	
14.	72 FORD 1 1/2 T TRK #F50CEN63371			C		\$ 122.00	\$ 75.00		\$	\$		\$	\$	
	NORTH BRUNSWICK N J		40	8CA		\$ 33.00	\$ 2.00		\$	\$		\$	\$	
Total Available in California *P & H = Pleasure and Business; C = Commercial						\$ 422.00	\$ 318.00					\$	\$	
LOSS PAYEES - IDENTIFY BY UNIT OR ENTRY NO.														
No.	Name and Address of Loss Payee													
	CSL 9% (.91) INCL					\$ 123.00	\$ 12.00					\$	\$	

A-3471-0 Printed in U. S. A.

CONFIDENTIAL

HARTFORD000570

Confidential - Subject to Protective Order

HFBKPLAN015151

SA 3460

Schedule of Automobiles and Covered Automobiles

This Schedule forms a part of Policy No. **10 C 3342E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date **1 1 75**
12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Cabage, Bus Seating Capacity	Identification No. (V) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased New/Used	Casualty Coverages		Non-Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Physical Damage Coverages		Towing and Labor Costs
						BI Liab. Prem.	PD Liab. Prem.					Coll. Cov. (Insert Applicable Symbols)	Deductible if any	Premiums (each covered automobile)
					Original Cost, New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium							Premium
15.	72 INTL WAGONEER	A838606490094		C		\$ 91.00	\$ 56.00		\$	\$	\$		\$	\$
	NORTH BRUNSWICK N J		40	6		\$ 28.00	\$ 2.00		\$	\$	\$		\$	\$
16.	68 FORD TR J	#F35YEC58580		C		\$ 153.00	\$ 94.00		\$	\$	\$		\$	\$
	NORTH BRUNSWICK N J		40	5CA		\$ 39.00	\$ 2.00		\$	\$	\$		\$	\$
17.	74 CHEV CARRYALL	#CCZ264F180084		P&B		\$ 82.00	\$ 52.00		\$	\$	\$		\$	\$
	ARRINGTON MAINE		10	PPT		\$ 17.00	\$ 3.00		\$	\$	\$		\$	\$
18.	74 CHEV CARRYALL	#CCZ264F178865		P&B		\$ 82.00	\$ 52.00		\$	\$	\$		\$	\$
	ORRINGTON MAINE		10	PPT		\$ 17.00	\$ 3.00		\$	\$	\$		\$	\$
19.	72 CHEV CARRYALL	#CCE262F175642		P&B		\$ 123.00	\$ 47.00		\$	\$	\$		\$	\$
	BOULDER JUNCT WISC		09	PPT		\$ 19.00	\$ 3.00		\$	\$	\$		\$	\$
20.	71 CHEV SUBURBAN	#CE3614102709		P&B		\$ 123.00	\$ 47.00		\$	\$	\$		\$	\$
	BOULDER JUNCT WISC		09	PPT		\$ 19.00	\$ 3.00		\$	\$	\$		\$	\$
21.	73 INTL TRAVEALL	#3H0H0CHB51426		C		\$ 57.00	\$ 35.00		\$	\$	\$		\$	\$
	BOULDER JUNCT WISC		09	5CA		\$ 17.00	\$ 3.00		\$	\$	\$		\$	\$
Total						\$ 711.00	\$ 383.00							

†Not Available in California *P & B = Pleasure and Business; C = Commercial

LOSS PAYEE — IDENTIFY BY UNIT OR ENTRY NO.

No. Name and Address of Loss Payee

CSL 9% (.91) INCL

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

A-3471-6 Printed in U. S. A.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000571

HFBKPLAN015152

SA 3461

Schedule of Automobiles and Covered Automobiles

This Schedule forms a part of Policy No. **10 C 83423** issued by THE HARTFORD INSURANCE GROUP, Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date **11 75**
12:01 A. M., standard time



As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Automobile

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls. Truck Load, Gallonage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages							Towing and Labor Costs
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Aut. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)			
													Medical Payments Premium	Uninsured Motorist Premium	
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol										
22.	71 FORD ECONOLINE E22GHE30128 ELY MINNESOTA		07	C 5CA		\$ 47.00 \$ 9.00	\$ 33.00 3.00		\$	\$		\$	\$	\$	
23.	72 CHEV CARRYALL CCE262F174138 ORRINGTON MAINE		10	P&B PPT	3700	\$	\$	0	\$	\$		\$	28.00	\$	
24.	72 CHEV CARRYALL CCE262F162143 ORRINGTON MAINE		10	P&B PPT	3700	\$	\$	0	\$	\$		\$	28.00	\$	
25.	73 CHEV CARRYALL CCZ263F171514 ORRINGTON MAINE		10	P&B PPT	4000	\$	\$	0	\$	\$		\$	52.00	\$	
26.	73 CHEV CARRYALL CCZ263F171671 ORRINGTON MAINE		10	P&B PPT	4000	\$	\$	0	\$	\$		\$	52.00	\$	
27.	71 CHEV CARRYALL CS261F650350 ORRINGTON MAINE		10	P&B PPT	4252	\$	\$	0	\$	\$		\$	38.00	\$	
28.	69 CHEV CARRYALL CE168F173539 BOULDER JUNCT WISC		09	P&B PPT	1275	\$	\$	0	\$	\$		\$	19.00	\$	
*Not Available in California *P & B = Pleasure and Business; C = Commercial						\$ 47.00	\$ 33.00					\$ 217.00			
LOSS PAYEE - IDENTIFY BY UNIT OR ENTRY NO.						\$ 9.00	\$ 3.00					\$			
No. Name and Address of Loss Payee															
OSL 9% (.91) INCL															

Schedule of Automobiles

A-3471-0 Printed in U. S. A.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000572

HFBKPLAN015153

SA 3462

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date: _____ 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INS

AUTOMOBILE PHYSICAL DAMAGE INS

ENDORSEMENTS AND COVERAGE PARTS FORMING PART OF POLICY:

~~A 377-0~~ +

~~A 3007-0~~

A 3013-0 +

A 3471-0 +

A 3011-1 +

AL 6-4

A 3351-0 ✓

A 3008-1 ✓

A 3009-1 ✓

A 2991-0 ✓

A 2993-0 ✓

A 1800 Single Limit Endt +

A 2036-3 ✓

A 2992-2 ✓

A 2353-0 ✓

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-B Printed in U. S. A. 10-66 NBCU:

CONFIDENTIAL

HARTFORD000574

Confidential - Subject to Protective Order

HFBKPLAN015155

SA 3464

XERO COPY

DECLARATIONS

Policy Number: 25-0480
 Insured's Name and Address:
WILSON AND ALLEN INC
200 PARK AVE
NEW YORK N Y 10017

Agent's Name and Address:

12:01 A. M., standard time at the address of the named insured as stated herein.

Audit Period: Annual, unless otherwise stated.

☐ Semi-Annual
☐ Quarterly
☐ Monthly

Sum for this policy is as stated below. Insurance is afforded by the Coverage Parts forming a part hereof, its of liability as are stated therein and subject to all the terms of the policy having reference thereto.

SUMMARY OF ADVANCE PREMIUMS

COVERAGE PARTS	ADVANCE PREMIUM
Comprehensive General Liability Insurance	\$ 19,510.00
Comprehensive Automobile Liability Insurance	\$ 26,744.00
Automobile Medical Payments Insurance	\$ 1671.00
Uninsured Motorists Insurance	\$ 2,805.00
Automobile Physical Damage Insurance	\$ 1113.00
Premises Medical Payments Insurance	\$ 337.00
Contractual Liability Insurance	\$ 329.00
Personal Injury Liability Insurance	\$ 44.00
Garage Insurance	\$ 265.00
Notify Spec. Accts. Ins.	\$ 290.00
Employee Benefit Liability Insurance	\$ included
Form Numbers of Coverage Parts and endorsements not listed on Coverage Parts forming part of Policy at issue:	\$ INCLUDED
SEE FORM AL 80 C	\$ INCLUDED
TOTAL ADVANCE PREMIUM	\$ 1058.00
	\$ 1,000.00
	\$ included
	\$
	\$ 21,220.00
	\$ 14,216.00

If Policy period more than one year: Gross Premium \$
 Premium is payable: On effective date of Policy \$

Discount \$
 1st Anniversary \$

Net Premium \$
 2nd Anniversary \$

4. Business of the named insured is

EDUCATIONAL DEVELOPMENT

5. During the past 3 years no Insurer has cancelled insurance, issued to the named insured, similar to that afforded hereunder unless otherwise stated herein.

Guaranty Underwritings - Transfer re 574. April 1966, the company does not certify that these documents constitute a complete and accurate copy of the policy.

SPEC. ACCTS. INS. DEPT.

Form AL-SI-6 CDR Printed in U. S. A.

CONFIDENTIAL

HARTFORD000575

Confidential - Subject to Protective
 Order

HFBKPLAN015156

SA 3465

HARTFORD

DECLARATIONS

1. Name of Insured and Address
 2. Policy Period
 3. Producer's Name and Address
 4. Agent Code
 5. Date of Birth
 6. Sex
 7. Marital Status
 8. Occupation
 9. Education
 10. Other

11-75 To 11-75

12:01 A. M., standard time at the address of the named insured as stated herein.

Audit Period: Annual, unless otherwise stated.

25-0480

12:01 A. M., standard time at the address of the named insured as stated herein.

Audit Period: Annual, unless otherwise stated.

Semi-Annual
 Quarterly
 Monthly

Sum for this policy is as stated below. Insurance is afforded by the Coverage Parts forming a part hereof, its of liability as are stated therein and subject to all the terms of the policy having reference thereto.

SUMMARY OF ADVANCE PREMIUMS

COVERAGE PARTS	ADVANCE PREMIUM
Comprehensive General Liability Insurance	\$ 19,510.00
Comprehensive Automobile Liability Insurance	\$ 16,744.00
Automobile Medical Payments Insurance	\$ 2,805.00
Uninsured Motorists Insurance	\$ 1443.00
Automobile Physical Damage Insurance	\$ 337.00
Premises Medical Payments Insurance	\$ 324.00
Contractual Liability Insurance	\$ 44.00
Personal Injury Liability Insurance	\$ 265.00
Garage Insurance	\$ 290.00
Notify Spec. Accts. Ins.	\$ included
Dept. of Soc. Sec. Accts. Ins.	\$ INCLUDED
Employer's Benefit Liability Insurance	\$ INCLUDED
Form Numbers of Coverage Parts and endorsements not listed on Coverage Parts forming part of Policy at issue:	\$ 1058.00
SEE FORM AL 800	\$ 1,000.00
TOTAL ADVANCE PREMIUM	\$ 21,220.00
If Policy Period more than one year: Gross Premium \$	Discount \$
Premium is payable: On effective date of Policy \$	1st Anniversary \$
2nd Anniversary \$	Net Premium \$
4. Business of the named insured is	EDUCATIONAL DEVELOPMENT
5. During the past 3 years no Insurer has cancelled insurance, issued to the named insured, similar to that afforded hereunder unless otherwise stated herein.	
Guaranty Underwritings	
SPEC. ACCTS. INS. DEPT.	

Forms AL-51-0 CDR Printed in U. S. A.

CONFIDENTIAL

HARTFORD000576

Confidential - Subject to Protective Order

HFBKPLAN015157

SA 3466

Premium Installment



THE HARTFORD

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No.
 issued by THE HARTFORD INSURANCE GROUP company
 designated therein, and takes effect as of the effective date of
 said Policy unless another effective date is stated herein.

Effective date..... 12:01 A. M., standard time at the address of the
 named insured as stated herein.

It is hereby understood and agreed that the ORIGINAL Premium of \$ 21,220.00
 (Insert "original" or "additional" or "return")

BE PAYABLE IN ELEVEN installments as outlined in "Schedule of Payments."
 (Insert "be payable in" or "reduce the")

SCHEDULE OF PAYMENTS

NO.	DUE DATE OF PAYMENT	BODILY INJURY & PROPERTY DAMAGE LIABILITY EXCEPT AUTO	BODILY INJURY & PROPERTY DAMAGE LIABILITY AUTO	AUTO PHYSICAL DAMAGE	TOTAL
1	1 1 75	1524.00	416.00		1940.00
2	2 1 75	1522.00	406.00		1928.00
3	3 1 75	1522.00	406.00		1928.00
4	4 1 75	1522.00	406.00		1928.00
5	5 1 75	1522.00	406.00		1928.00
6	6 1 75	1522.00	406.00		1928.00
7	7 1 75	1522.00	406.00		1928.00
8	8 1 75	1522.00	406.00		1928.00
9	9 1 75	1522.00	406.00		1928.00
10	10 1 75	1522.00	406.00		1928.00
11	11 1 75	1522.00	406.00		1928.00
12					
TOTALS		16,744.00	4,476.00		21,220.00

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

Countersigned by.....
 The company located these documents in its
 business records. At this time, the company
 does not certify that these documents constitute
 a complete and accurate copy of the policy.

Form AL-57-D Printed in U. S. A.

CONFIDENTIAL

HARTFORD000577

Confidential - Subject to Protective
 Order

HFBKPLAN015158

SA 3467

RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



☐ Hartford Fire Insurance Company
☐ Hartford Accident and Indemnity Company
☐ Citizens Insurance Company of New Jersey

☐ New York Underwriters Insurance Company
☐ Twin City Fire Insurance Company

Named Insured and Address

This Endorsement forms
 a part of ☐ Policy No. ☐ *Bond No.
 issued by THE HARTFORD INSURANCE GROUP company des-
 ignated therein, and takes effect as of the effective date of said policy
 unless another effective date is stated herein.

10 C A43342E

BOY SCOUTS OF AMERICA NATIONAL COUNCIL

NORTH BRUNSWICK N J

1 1 75

Effective date..... Effective hour is the same as stated in the Declarations of the Policy.

*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

DIST OF COLUMBIA

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
	Bodily Injury	\$	5	General Liability	\$ 7.00
	Medical Payments	\$		Workmen's Compensation	\$
	Property Damage	\$		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
	Other (specify)	\$		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, in so far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by (Resident Agent)

Form G-1760-7 Printed in U. S. A. 6-'70

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000578

Confidential - Subject to Protective Order

HFBKPLAN015159

SA 3468

RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



☐ Hartford Fire Insurance Company
☒ Hartford Accident and Indemnity Company
☐ Citizens Insurance Company of New Jersey

☐ New York Underwriters Insurance Company
☒ Twin City Fire Insurance Company

This Endorsement forms a part of ☐ Policy No. ☐ *Bond No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address
 BOY SCOUTS OF AMERICA NATIONAL COUNCIL
 NORTH BRUNSWICK N J

1 1 75

Effective date..... Effective hour is the same as stated in the Declarations of the Policy.

*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

GA.

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
	Bodily Injury	\$	5	General Liability	\$ 53.00
	Medical Payments	\$		Workmen's Compensation	\$
	Property Damage	\$		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
	Other (specify)	\$		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, in so far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by (Resident Agent)

Form G-1760-7 Printed in U. S. A. 6-'70

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000579

Confidential - Subject to Protective Order

HFBKPLAN015160

SA 3469

RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



☐ Hartford Fire Insurance Company
☐ Hartford Accident and Indemnity Company
☐ Citizens Insurance Company of New Jersey

☐ New York Underwriters Insurance Company
☐ Twin City Fire Insurance Company

Named Insured and Address

This Endorsement forms a part of ☐ Policy No. ☐ Bond No. 10 C A43342E
 issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

BOY SCOUTS OF AMERICA NATIONAL COUNCIL
 NORTH BRUNSWICK N J

Effective date 1 1 75

Effective hour is the same as stated in the Declarations of the Policy.

*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

INDIANA

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
	Bodily Injury	\$	5	General Liability	\$ 7.00
	Medical Payments	\$		Workmen's Compensation	\$
	Property Damage	\$		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
	Other (specify)	\$		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, in so far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by (Resident Agent)

Form G-1760-7 Printed in U. S. A. 6-70

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000580

Confidential - Subject to Protective Order

HFBKPLAN015161

SA 3470

RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



☒ Hartford Fire Insurance Company
☒ Hartford Accident and Indemnity Company
☒ Citizens Insurance Company of New Jersey

☒ New York Underwriters Insurance Company
☒ Twin City Fire Insurance Company

Named Insured and Address

This Endorsement forms
 a part of ☐ Policy No. ☐ *Bond No. 10 C A43342E
 issued by THE HARTFORD INSURANCE GROUP company des-
 ignated therein, and takes effect as of the effective date of said policy
 unless another effective date is stated herein.

BOY SCOUTS OF AMERICA NATIONAL COUNCIL
 NORTH BRUNSWICK N J

1 1 75

Effective date..... Effective hour is the same as stated in the Declarations of the Policy.

*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

MAINE

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
5	Bodily Injury	\$ 164.00		General Liability	\$
5	Medical Payments	\$ 34.00		Workmen's Compensation	\$
5	Property Damage	\$ 104.00		Burglary	\$
5	Comprehensive	\$ 198.00		Glass	\$
5	Collision	\$		Bond	\$
5	Other (specify) UM	\$ 6.00		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, in so far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by (Resident Agent)

Form G-1760-7 Printed in U. S. A. 6-70

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000581

Confidential - Subject to Protective Order

HFBKPLAN015162

SA 3471

RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



☐ Hartford Fire Insurance Company
☒ Hartford Accident and Indemnity Company
☐ Citizens Insurance Company of New Jersey

☐ New York Underwriters Insurance Company
☒ Twin City Fire Insurance Company

Named Insured and Address

This Endorsement forms a part of ☐ Policy No. ☐ Bond No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

BOY SCOUTS OF AMERICA NATIONAL COUNCIL
 NORTH BRUNSWICK N J

1 1 75

Effective date.....

Effective hour is the same as stated in the Declarations of the Policy.

*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

MINNESOTA

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
5	Bodily Injury	\$ 47.00		General Liability	\$
	Medical Payments	\$		Workmen's Compensation	\$
5	Property Damage	\$ 33.00		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$ 9.00		Bond	\$
5	Other (specify) PIP UM	\$ 3.00		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, in so far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by (Resident Agent)

Form G-1760-7 Printed in U. S. A. 6-'70

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000582

Confidential - Subject to Protective
 Order

HFBKPLAN015163

SA 3472

RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



☐ Hartford Fire Insurance Company
☐ Hartford Accident and Indemnity Company
☐ Citizens Insurance Company of New Jersey

☐ New York Underwriters Insurance Company
☐ Twin City Fire Insurance Company

Named Insured and Address

This Endorsement forms

10 C A43342E

a part of ☐ Policy No. ☐ Bond No. _____
 issued by THE HARTFORD INSURANCE GROUP company des-
 ignated therein, and takes effect as of the effective date of said policy
 unless another effective date is stated herein.

BOY SCOUTS OF AMERICA NATIONAL COUNCIL

NORTH BRUNSWICK N J

Effective date 1.1.75

Effective hour is the same as stated in the Declarations of the Policy.

*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

NJ

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
5	Bodily Injury	\$ 1043.00	5	General Liability	\$ 7870.00
5	Medical Payments	\$ 248.00		Workmen's Compensation	\$
5	Property Damage	\$ 729.00		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$ 26.00		Bond	\$
5	Other (specify) UM PIP	\$ 12.00		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, in so far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by (Resident Agent)

Form G-1760-7 Printed in U. S. A. 6-70

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000583

Confidential - Subject to Protective Order

HFBKPLAN015164

SA 3473

RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



☒ Hartford Fire Insurance Company
☒ Hartford Accident and Indemnity Company
☒ Citizens Insurance Company of New Jersey

☒ New York Underwriters Insurance Company
☒ Twin City Fire Insurance Company

Named Insured and Address

This Endorsement forms a part of ☐ Policy No. ☐ *Bond No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

BOY SCOUTS OF AMERICA NATIONAL COUNCIL
 NORTH BRUNSWICK NJ

1 1 75

Effective date.....

Effective hour is the same as stated in the Declarations of the Policy.

*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

NEW MEXICO

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
	Bodily Injury	\$	5	General Liability	\$ 4298.00
	Medical Payments	\$		Workmen's Compensation	\$
	Property Damage	\$		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
	Other (specify)	\$		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, in so far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by (Resident Agent)

Form G-1760-7 Printed in U. S. A. 6-'70

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000584

Confidential - Subject to Protective Order

HFBKPLAN015165

SA 3474

RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



☒ (1) Hartford Fire Insurance Company
☒ (5) Hartford Accident and Indemnity Company
☒ (3) Citizens Insurance Company of New Jersey

☒ (6) New York Underwriters Insurance Company
☒ (7) Twin City Fire Insurance Company

Named Insured and Address

This Endorsement forms a part of ☐ Policy No. ☐ *Bond No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

BOY SCOUTS OF AMERICA NATIONAL COUNCIL
 NORTH BRUNSWICK N J

1 1 75

Effective date

Effective hour is the same as stated in the Declarations of the Policy.

*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

OKLA

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
	Bodily Injury	\$	5	General Liability	\$ 2100.00
	Medical Payments	\$		Workmen's Compensation	\$
	Property Damage	\$		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
	Other (specify)	\$		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, in so far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by (Resident Agent)

Form G-1760-7 Printed in U. S. A. 6-70

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CONFIDENTIAL

HARTFORD000585

Confidential - Subject to Protective Order

HFBKPLAN015166

SA 3475

RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



☒ Hartford Fire Insurance Company
☒ Hartford Accident and Indemnity Company
☒ Citizens Insurance Company of New Jersey

☒ New York Underwriters Insurance Company
☒ Twin City Fire Insurance Company

This Endorsement forms a part of ☐ Policy No. ☐ Bond No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL
 NORTH BRUNSWICK N J

1 1 75

Effective date..... Effective hour is the same as stated in the Declarations of the Policy.

*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

TEXAS

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
	Bodily Injury	\$	5	General Liability	\$ 48.00
	Medical Payments	\$		Workmen's Compensation	\$
	Property Damage	\$		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
	Other (specify)	\$		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, in so far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by (Resident Agent)

Form G-1760-7 Printed in U. S. A. 6-'70

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000586

Confidential - Subject to Protective Order

HFBKPLAN015167

SA 3476

RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



☒ Hartford Fire Insurance Company
☒ Hartford Accident and Indemnity Company
☒ Citizens Insurance Company of New Jersey

☒ New York Underwriters Insurance Company
☒ Twin City Fire Insurance Company

Named Insured and Address

This Endorsement forms a part of ☐ Policy No. ☐ Bond No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

BOY SCOUTS OF AMERICA NATIONAL COUNCIL
 NORTH BRUNSWICK N J

Effective date 1 1 75

Effective hour is the same as stated in the Declarations of the Policy.

*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

WISC

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
5	Bodily Injury	\$ 303.00		General Liability	\$
5	Medical Payments	\$ 55.00		Workmen's Compensation	\$
5	Property Damage	\$ 129.00		Burglary	\$
5	Comprehensive	\$ 73.00		Glass	\$
5	Collision	\$		Bond	\$
5	Other (specify) UM	\$ 9.00		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, in so far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by (Resident Agent)

Form G-1760-7 Printed in U. S. A. 6-70

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000587

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HFBKPLAN015168

SA 3477

AUTOMOBILE

TO C A43342E

PROTECTION AGAINST UNINSURED MOTORISTS INSURANCE (NEW JERSEY)

This endorsement forms a part of the policy issued by THE HARTFORD INSURANCE GROUP company designated therein, which indicates this endorsement forms a part thereof, and takes effect as of the effective date of said policy.

SCHEDULE		
Designated Insured	Advance Premium	Limits of Liability
	Included	Bodily Injury Liability: 15 thousand dollars each person 30 thousand dollars each accident Property Damage Liability: 5 thousand dollars each accident

Description of Insured Highway Vehicles:

An insured highway vehicle is any highway vehicle registered or principally garaged in New Jersey (1) which is designated by ☒ below or (2) if no ☒ is entered below, which is an owned automobile under Section I of the policy.

- ☐ A private passenger automobile owned by the named insured
- ☐ Owned by the named insured
- ☐ Designated in the declarations of the policy by the letters "UM" and any highway vehicle of the same type ownership of which is acquired during the policy period by the named insured as a replacement thereof
- ☐ Any mobile equipment owned by the named insured
- ☐

In consideration of the payment of premium and subject to all of the provisions of this endorsement and to the applicable provisions of the policy, the company agrees with the named insured as follows:

I. UNINSURED MOTORISTS COVERAGE

(Damages for Bodily Injury and Property Damage Caused by Uninsured Highway Vehicles)

The company will pay all sums which the insured or his legal representative shall be legally entitled to recover as damages from the owner or operator of an uninsured highway vehicle because of bodily injury or property damage, caused by accident and arising out of the ownership, maintenance or use of such uninsured highway vehicle; provided, for the purpose of this coverage, determination as to whether the insured or such representative is legally entitled to recover such damages, and if so the amount thereof, shall be made by agreement between the insured or such representative and the company or, if they fail to agree, by arbitration.

No judgment against any person or organization alleged to be legally responsible for the bodily injury or property damage shall be conclusive, as between the insured and the company, of the issues of liability of such person or organization or of the amount of damages to which the insured is legally entitled unless such judgment is entered pursuant to an action prosecuted by the insured with the written consent of the company.

Exclusions

This insurance does not apply:

- (a) to bodily injury or property damage with respect to which the insured, his legal representative or any person entitled to payment under this insurance shall, without written consent of the company, make any settlement with any person or organization who may be legally liable therefor;
- (b) to bodily injury to an insured while occupying a highway vehicle (other than an insured highway vehicle) owned by the named insured, or designated insured or any relative resident in the same household as the named or designated insured, or through being struck by such a vehicle, but this exclusion does not apply to the named insured or his relatives while occupying or if struck by a highway vehicle owned by a designated insured or his relatives;
- (c) to property contained in or struck by a highway vehicle (other than an insured highway vehicle) owned by the named insured, any designated insured or any relative resident in the same household as the named or designated insured, but this exclusion does not apply to property of the named insured or his relatives while contained in or struck by a highway vehicle owned by a designated insured or his relatives;
- (d) so as to insure directly or indirectly to the benefit of any workmen's compensation or disability benefits carrier or any person or organization qualifying as a self-insurer under any workmen's compensation or disability benefits law or any similar law;
- (e) to the first \$100 of the amount of property damage to the property of each insured as the result of any one accident;
- (f) so as to insure directly or indirectly to the benefit of any insurer of property;
- (g) to property damage arising out of the ownership, maintenance or use of a hit-and-run vehicle.

II. PERSONS INSURED

Each of the following is an insured under this insurance to the extent set forth below:

- (a) the named insured and any designated insured and, while residents of the same household, the spouse and relatives of either;
- (b) any other person while occupying an insured highway vehicle; and
- (c) any person, with respect to damages he is entitled to recover because of bodily injury to which this insurance applies sustained by an insured under (a) or (b) above.

The insurance applies separately with respect to each insured, except with respect to the limits of the company's liability.

III. LIMITS OF LIABILITY

Regardless of the number of insureds under this insurance, the company's liability is limited as follows:

- (a) The limit of bodily injury liability stated in the schedule as applicable to "each person" is the limit of the company's liability for all damages because of bodily injury sustained by one person as the result of any one accident and, subject to the above provision respecting "each person", the limit of liability stated in the schedule as applicable to "each accident" is the total limit of the company's liability for all damages because of bodily injury sustained by two or more persons as the result of any one accident.
- (b) The limit of property damage liability stated in the schedule is the total limit of the company's liability for all damages because of property damage to all property of one or more insureds as the result of any one accident.
- (c) Any amount payable under the terms of this insurance because of bodily injury or property damage sustained in an accident by a person who is an insured shall be reduced by:
 - (i) all sums paid on account of such bodily injury or property damage by or on behalf of
 - (A) the owner or operator of the uninsured highway vehicle and
 - (B) any other person or organization jointly or severally liable together with such owner or operator for such bodily injury or property damage;
 - (ii) including all sums paid under the bodily injury or property damage liability coverage of the policy, and
 - (3) the amount paid and the present value of all amounts payable on account of such bodily injury under any workmen's compensation law, disability benefits law or any similar law.
- (d) Any payment made under this insurance to or for any insured shall be applied in reduction of the amount of damages which he may be entitled to recover from any person insured under the bodily injury or property damage liability coverage of the policy.
- (e) The company shall not be obligated to pay under this insurance that part of the damages which the insured may be entitled to recover from the owner or operator of an uninsured highway vehicle which represents expenses for medical services paid or payable under the medical payments or medical expense coverage of the policy or which represents loss paid or payable to the insured under any automobile physical damage insurance of the policy.

IV. POLICY PERIOD; TERRITORY

This insurance applies only to accidents which occur during the policy period and within the United States of America, its territories or possessions, or Canada.

V. ADDITIONAL DEFINITIONS

When used in reference to this insurance (including endorsements forming a part of the policy):

"bodily injury" means bodily injury, sickness or disease, including death, sustained by an insured under (a) or (b) of the Persons Insured provision;

"designated insured" means an individual named in the schedule under Designated Insured and also includes his spouse, if a resident of the same household;

"highway vehicle" means a land motor vehicle or trailer other than:

- (a) a farm type tractor or other equipment designed for use principally off public roads, while not upon public roads,
- (b) a vehicle operated on rails or crawler-treads, or
- (c) a vehicle while located for use as a residence or premises;

"hit-and-run vehicle" means (i) a highway vehicle which causes an accident resulting in bodily injury to an insured arising out of physical contact of such vehicle with the insured or with a vehicle which the insured is occupying at the time of the accident, or (ii) a highway vehicle which without physical contact with the insured or with a vehicle which the insured is occupying at the time of the accident causes bodily injury to an insured arising out of an accident in New Jersey, provided:

- (a) there cannot be ascertained the identity of either the operator or owner of such highway vehicle; and
- (b) the insured or someone on his behalf shall have reported the accident within 48 hours to a police, peace or judicial officer or to the Commissioner of Motor Vehicles, and shall have filed with the company within 30 days thereafter a statement under oath that the insured or his legal representative has a cause or causes of action arising out of such accident for damages against a person or persons whose identity is unascertainable, and setting forth the facts in support thereof; and
- (c) at the company's request, the insured or his legal representative makes available for inspection the vehicle which the insured was occupying at the time of the accident; and
- (d) with respect to subdivision (b) the facts of such accident can be corroborated by competent evidence other than the testimony of any person having a claim under this or any other similar insurance as the result of such accident.

"insured highway vehicle" means a highway vehicle:

- (a) described in the schedule as an insured highway vehicle to which the bodily injury and property damage liability coverage of the policy applies;
- (b) while temporarily used as a substitute for an insured highway vehicle as described in subparagraph (a) above, when withdrawn from normal use because of its breakdown, repair, servicing, loss or destruction;
- (c) while being operated by the named or designated insured or by the owner of the vehicle, if the vehicle is not being operated by the named or designated insured, but the term "insured highway vehicle" shall not include:
- (i) a vehicle while used as a public or livery conveyance, unless such use is authorized by the named insured or his legal representative; and
- (ii) a vehicle while being used without the permission of the owner;

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SA 3478

- (iii) under subparagraphs (b) and (c) above, a vehicle owned by the named insured, any designated insured or any resident of the same household as the named or designated insured; or
- (iv) under subparagraphs (b) and (c) above, a vehicle furnished for the regular use of the named insured or any resident of the same household;
- "named insured" means the individual named in item 1 of the declarations and also includes his spouse, if a resident of the same household;
- "occupying" means in or upon or entering into or alighting from;
- "property damage" means injury to or destruction of (i) an insured highway vehicle owned by the named insured or his spouse, if a resident of the same household, (ii) any property owned by an insured under (a) or (b) of the Persons Insured provisions while contained in such insured highway vehicle and (iii) any property owned by an insured under (s) of the Persons Insured provision while contained in any insured highway vehicle;
- "state" includes the District of Columbia, a territory or possession of the United States, and a province of Canada;
- "uninsured highway vehicle" means:
- a highway vehicle with respect to the ownership, maintenance or use of which there is in at least the amounts specified by the financial responsibility law of the state in which the insured highway vehicle is principally garaged, no bodily injury and property damage liability bond or insurance policy applicable at the time of the accident with respect to any person or organization legally responsible for the use of such vehicle, or with respect to which there is a bodily injury and property damage liability bond or insurance policy applicable at the time of the accident but the company writing the same denies coverage thereunder or it or becomes insolvent; or
 - a hit-and-run vehicle, but only with respect to bodily injury caused thereby;
- but the term "uninsured highway vehicle" shall not include:
- as insured highway vehicle,
 - a highway vehicle which is owned or operated by a self-insurer within the meaning of any motor vehicle financial responsibility law, motor carrier law or any similar law,
 - a highway vehicle which is owned by the United States of America, Canada, a state, a political subdivision of any such government or an agency of any of the foregoing.

VI. ADDITIONAL CONDITIONS

A. Policy Provisions.

None of the Insuring Agreements, Exclusions, Conditions or other provisions of the policy shall apply to the insurance afforded by this endorsement except the Conditions "Notice" (or "Notice of Accident") or "Insured's Duties in Event of Occurrence, Claim or Suit", "Changes", "Assignment," "Cancellation" and "Declarations".

B. Premium.

If during the policy period the number of insured highway vehicles owned by the named insured or spouse or the number of dealer's license plates issued to the named insured changes, the named insured shall notify the company during the policy period of any change and the premium shall be adjusted in accordance with the manuals in use by the company. If the named premium thus computed exceeds the advance premium paid, the named insured shall pay the excess to the company; if less, the company shall return to the named insured the unearned portion paid by such insured.

C. Proof of Claim.

As soon as practicable, the insured or other person making claim shall give to the company written proof of claim, under oath if required, including full particulars of the nature and extent of the injuries, treatment, and other details entering into the determination of the amount payable hereunder. The insured and every other person making claim hereunder shall submit to examinations under oath by any person named by the company and subscribe the same, as often as may reasonably be required. Proof of claim shall be made upon forms furnished by the company unless the company shall have failed to furnish such forms within 15 days after receiving notice of claim.

The injured person shall submit to physical examinations by physicians selected by the company when and as often as the company may reasonably require and he, or in the event of his incapacity his legal representative, or in the event of his death his legal representative or the person or persons entitled to sue therefor, shall upon each request from the company execute authorization to enable the company to obtain medical reports and copies of records.

The insured or other person making claim for damage to property shall file proof of loss with the company within sixty days after the occurrence of loss, unless such time is extended in writing by the company, in the form of a sworn statement setting forth the interest of the insured and of all others in the property affected, any encumbrances thereon, the actual cash value thereof at time of loss, the amount, place, time and cause of such loss, and the description and amount of all other insurance covering such property. Upon the company's request, the insured shall exhibit the damaged property to the company.

D. Assistance and Cooperation of the Insured.

After notice of claim under this insurance, the company may require the insured to take such action as may be necessary or appropriate to preserve his right to recover damages from any person or organization alleged to be legally responsible for the bodily injury or property damage; and in any action against the company, the company may require the insured to join such person or organization as a party defendant.

E. Notice of Legal Action.

If, before the company makes payment of loss hereunder, the insured or his legal representative shall institute any legal action for bodily injury or property damage against any person or organization legally responsible for the use of a highway vehicle involved in the accident, a copy of the summons and complaint or other process served in connection with such legal action shall be forwarded immediately to the company by the insured or his legal representative.

F. Other Insurance.

With respect to bodily injury to an insured while occupying a highway vehicle not owned by the named insured, this insurance shall apply only as excess insurance over any other similar insurance available to such insured and applicable to such vehicle as primary insurance, and this insurance shall then apply only in the amount by which the limit of liability for this coverage exceeds the applicable limit of liability of such other insurance.

Except as provided in the foregoing paragraph, if the insured has other similar insurance available to him and applicable to the accident, the damages shall be deemed out to exceed the higher of the applicable limits of liability of this insurance and such other insurance, and the company shall not be liable for a greater proportion of any loss to which this coverage applies than the limit of liability hereunder bears to the sum of the applicable limits of liability of this insurance and such other insurance.

With respect to property damage, the insurance hereunder shall apply only as excess insurance over any other valid and collectible insurance of any kind applicable to such property damage, and this insurance shall apply only in the amount by which the limit of liability for this coverage exceeds the amount recoverable under such other insurance.

G. Arbitration.

If any person making claim hereunder and the company do not agree that such person is legally entitled to recover damages from the owner or operator of an uninsured highway vehicle because of bodily injury or property damage to the insured, or do not agree as to the amount of payment which may be owing under this insurance, then, upon written demand of either, the matter or matters upon which such person and the company do not agree shall be settled by arbitration, which shall be conducted in accordance with the rules of the American Arbitration Association unless other means of conducting the arbitration are agreed to between the insured and the company, and judgment upon the award rendered by the arbitrators may be entered in any court having jurisdiction thereof. Such person and the company each agree to consider itself bound and to be bound by any award made by the arbitrator pursuant to this insurance.

H. Trust Agreement.

In the event of payment to any person under this insurance:

- the company shall be entitled to the extent of such payment to the proceeds of any settlement or judgment that may result from the exercise of any rights of recovery of such person against any person or organization legally responsible for the bodily injury or property damage in respect of which such payment is made;
- such person shall hold in trust for the benefit of the company all rights of recovery which he shall have against such other person or organization because of the damages which are the subject of claim made under this insurance;
- such person shall do whatever is proper to secure and shall do nothing after loss to prejudice such rights;
- if requested in writing by the company, such person shall take, through any representative designated by the company, such action as may be necessary or appropriate to recover such payment as damages from such other person or organization, such action to be taken in the name of such person in the event of a recovery, the company shall be reimbursed out of such recovery for expenses, costs and attorneys' fees incurred by it in connection therewith;
- such person shall execute and deliver to the company such instruments and papers as may be appropriate to secure the rights and obligations of such person and the company established by this provision.

I. Payment of Loss by the Company.

Any amount due hereunder is payable

- to the insured, or
 - if the insured be a minor to his parent or guardian, or
 - if the insured be deceased in his surviving spouse, otherwise
 - to a person authorized by law to receive such payment or to a person legally entitled to recover the damages which the payment represents;
- provided, the company may at its option pay any amount due hereunder in accordance with division (d) hereof.

J. Actions Against Company.

No action shall be against the company unless, as a condition precedent thereto, the insured or his legal representative has fully complied with all the terms of the policy applicable to this coverage.

K. This endorsement replaces any other provisions of the policy, including any endorsement forming a part thereof, affording similar insurance with respect to any damages arising out of the ownership, maintenance or use of an uninsured vehicle or a hit-and-run vehicle.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.



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The company hereby certifies that this document is a true and correct copy of the policy as it appears in the company's records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

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HFBKPLAN015170

SA 3479

AMENDMENT CASUALTY INSURANCE POLICY WISCONSIN

When this policy is issued or delivered in the State of Wisconsin it is agreed that:

1. Paragraph (a) of the Condition entitled "Insured's Duties in the Event of Occurrence, Claim or Suit" is amended to read:

Insured's Duties in the Event of Occurrence, Claim or Suit

(a) In the event of an *occurrence*, written notice containing particulars sufficient to identify the *insured* and also reasonably obtainable information with respect to the time, place and circumstances thereof, and the names and addresses of the injured and of available witnesses, shall be given by or for the *insured* to the company or any of its authorized agents within 20 days following the date of the *occurrence*; provided, that failure to give such notice within the time specified shall not invalidate any claim made by the *insured* if it shall be shown not to have been reasonably possible to give such notice within the prescribed time and that such notice was given as soon as reasonably possible.

2. Paragraph (b) of the Automobile Physical Damage Insurance Condition entitled "Named Insured's Duties in Event of Loss" is amended to read:

(b) give notice thereof (i) to the company or any of its authorized agents within 20 days following the date the *loss* occurs, provided that failure to give such notice within the time specified shall not invalidate any claim made by the *named insured* if it shall be shown not to have been reasonably possible to give such notice within the prescribed time and that such notice was given as soon as reasonably possible, and also (ii) in the event of theft or larceny, promptly to the police;

3. The Condition entitled "Changes" is amended to read:

Changes The terms of this policy shall not be changed, except by endorsement issued to form a part of this policy, signed by an authorized representative of the Company.

Knowledge of an agent of the company at the time this policy is issued or an application made shall be knowledge of the company, and any fact which breaches a condition of the policy and is known to the agent when the policy is issued or the application made shall not void the policy or defeat a recovery thereon in the event of loss.

4. The following paragraph is added to the Condition entitled "Declarations":

No oral or written statement, representation or warranty made by the *insured* or in his behalf in the negotiation of this policy shall be deemed material or defeat or avoid the policy, unless such statement, representation or warranty was false and made with intent to deceive, or unless the matter misrepresented or made a warranty increased the risk or contributed to the loss. No breach of a warranty in this policy shall defeat or avoid this policy unless the breach of such warranty increased the risk at the time of the loss, or contributed to the loss, or existed at the time of the loss.

5. With respect only to such insurance as is afforded by the policy for *bodily injury* liability or *property damage* liability arising out of the ownership, maintenance or use of motor vehicles:

- (a) The company shall not cancel nor refuse to renew this policy solely because of the age, residence, race, color, creed, national origin, ancestry or occupation of any person who is an *insured* under this policy.
- (b) If the *named insured* is an individual, the "Persons Insured" provision is amended to include as an *insured* any person using a motor vehicle owned by the *named insured* which is designed to transport or draw persons or property on the public highways with the permission of an adult member of the *named insured's* household other than a chauffeur or domestic servant, and any other person or organization but only with respect to his or its liability because of acts or omissions of such an *insured*.

6. If an action for *bodily injury* or *property damage* is brought in Wisconsin, the Condition entitled "Action Against Company" is amended to read:

Action Against Company No action shall lie against the company unless, as a condition precedent thereto, there shall have been full compliance by the *insured* with all of the terms of this policy.

Any person or organization or the legal representative thereof who has secured a judgment against the *insured* shall be entitled to recover under this policy to the extent of the insurance afforded by this policy. Bankruptcy or insolvency of the *insured* or of the *insured's* estate shall not relieve the company of any of its obligations hereunder.

7. The following Conditions are added:

A. Cancellation by Company Limited

After this policy has been in effect for sixty days or, if this policy is a renewal, effective immediately, the company shall not exercise its right to cancel the insurance unless the *named insured* fails to discharge when due any of his obligations in connection with the payment of premium for this policy or any installment thereof, whether payable directly to the company or its agent or indirectly under any premium finance plan or extension of credit.

This agreement shall apply to each successive policy period for which the company consents to renew or continue this policy but nothing herein shall obligate the company to renew or continue this policy beyond the expiration of any annual period commencing with its original effective date; provided that, if this policy is written without a fixed expiration date or for a policy period longer than one year, this policy may be terminated by the company effective on the expiration of any such annual period by mailing to the *insured* named in Item 1 of the declarations at the address shown in this policy, written notice of such termination not less than thirty days prior to the expiration of such annual period. The mailing of notice as aforesaid shall be sufficient proof of notice. Delivery of such written notice by the company shall be equivalent to mailing.

Notwithstanding the failure of the company to comply with the foregoing provisions of this Condition, this policy shall terminate on the effective date of any other insurance policy issued as a replacement for any insurance afforded by this policy, with respect to any such insurance to which both such policies apply.

B. Renewal

If the company elects not to renew this policy, it shall mail to the *insured* named in Item 1 of the declarations, at the address shown in this policy, written notice of such nonrenewal not less than thirty days prior to the expiration date, provided that the *insured* understands the failure of the company to comply with the foregoing provisions of this paragraph, this policy shall terminate.

Form AL-6-4 Printed in U. S. A. 1-73 (ISO: A 0012/G 511)

CONFIDENTIAL

HARTFORD000590

Confidential - Subject to Protective
Order

HFBKPLAN015171

SA 3480

1. on such expiration date, if

- (a) the *named insured* has failed to discharge when due any of his obligations in connection with the payment of premium for this policy, or for the renewal thereof, or any installment of such premium, whether payable directly to the company or its agent or indirectly under any premium finance plan or extension of credit, or
- (b) the company has by any means manifested its willingness to renew to the *named insured* or his representative, or
- (c) the *named insured* has notified the company or its agent that he does not wish this policy to be renewed; or

2. on the effective date of any other insurance policy issued as a replacement for any insurance afforded by this policy, with respect to any such insurance to which both such policies apply.

The mailing of notice as aforesaid shall be sufficient proof of notice. Delivery of such written notice by the company shall be equivalent to mailing.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement forms a part of the policy, issued by THE HARTFORD INSURANCE GROUP company designated therein, which indicates this endorsement forms a part thereof, and takes effect as of the effective date of said policy.



TH Schoen
President

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-6-4

CONFIDENTIAL

HARTFORD000591

Confidential - Subject to Protective Order

HFBKPLAN015172

SA 3481

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the named insured as stated herein.

EXTENSION TO FORM L 3037-1

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE

IT IS AGREED THAT THE FOLLOWING SCHEDULE APPLIES AS RESPECTS FORM L3037-1 "REAL PROPERTY LIABILITY FIRE:"

DESC OF PROPERTY	LIMIT OF LIAB	RATE PER \$100 LIMIT	PREMIUM
1. 308 FIFTH AVE NEW YORK N Y	100,000 EA OCCURRENCE		INCLUDED
2. 300 WEST ADAMS ST CHICAGO ILLINOIS	100,000 EA OCCURRENCE		
3. 2515 PEACHTREE CENTER BLDG ATLANTA GA	100,000 EA OCCURRENCE		IN THE
4. POWER & LIGHT BLDG 14TH BALTIMORE SUITE 2606 KANSAS CITY MO	100,000 EA OCCURRENCE		COMPOSITE
5. 44 CARILLON TOWER EAST 13601 PRESTON RD DALLAS TEXAS	100,000 EA OCCURRENCE		
6. 790 LUCERNE DRIVE SUNNYVALE CALIF	100,000 EA OCCURRENCE		RATE

ok
add other loc

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



The company located these documents in its business records. At this time, the company certifies that these documents constitute a complete and accurate copy of the policy.

Form AL-8-8 C Printed in U.S.A. 10-76 NHC

CONFIDENTIAL

HARTFORD000592

Confidential - Subject to Protective
Order

HFBKPLAN015173

SA 3482

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE
CONTRACTUAL LIABILITY INSURANCE
PERSONAL INJURY LIABILITY INSURANCE
COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE
AUTOMOBILE PHYSICAL DAMAGE INSURANCE

NAMED INSURED ENDORSEMENT

IT IS AGREED THAT ITEM #1, NAMED INSURED SHALL READ AS FOLLOWS:

BOY SCOUTS OF AMERICA, NATIONAL AND REGIONAL COUNCILS

SOUTH CINCINNATI PARKING GARAGE

PHILMONT SCOUT RANCH

CIMARRON N M

type error

PHILTOWER BUILDING TULSA OKLA

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AI-8-B Printed in U. S. A. 10-66 NBCU:

This company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000593

Confidential - Subject to Protective Order

HFBKPLAN015174

SA 3483

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 12:01 A. M., standard time at the address of the named insured as stated herein.

INCIDENTAL MALPRACTICE LIABILITY ENDORSEMENT

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE

IT IS AGREED THAT:

- 1) THE DEFINITION OF "BODILY INJURY" IS AMENDED TO INCLUDE INJURY ARISING OUT OF THE RENDERING OF OR FAILURE TO RENDER PROFESSIONAL SERVICES BY ANY PHYSICIAN, DENTIST OR NURSE WHILE EMPLOYED BY THE NAMED INSURED TO PROVIDE SUCH SERVICES.

- 2) EXCLUSION (H) DOES NOT APPLY TO INJURY TO THE EMOTIONS OR REPUTATION OF A PERSON ARISING OUT OF THE RENDERING OF SUCH SERVICES

- 3) LIMITS OF LIABILITY 500,000 COMBINED SINGLE LIMIT

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



The company located these documents in its business records. At this time, the company ~~declares~~ certifies that these documents constitute a complete and accurate copy of the policy.

Form AL-5-0 B Printed in U. S. A. 10-'66 NBCU:

CONFIDENTIAL

HARTFORD000594

Confidential - Subject to Protective Order

HFBKPLAN015175

SA 3484

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No.
issued by THE HARTFORD INSURANCE GROUP company design-
ated therein, and takes effect as of the effective date of said policy
unless another effective date is stated herein.

Effective date 12:01 A. M., standard time at the address of the named insured as
stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE

incl: APD, CGL, GKLL

NOTICE OF OCCURRENCE

IT IS AGREED THAT NOTICE OF CLAIM OR SUIT
TO THE INSURED, IS TO BE DEEMED EFFECTIVE
ONLY WHEN GIVEN TO AN EXECUTIVE OFFICER OR
THE INSURANCE MANAGER AT B.S.A. NATIONAL HEADQUARTERS
NORTH BRUNSWICK N J.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other
than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes
effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy
by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its
business records. At this time, the company
does not certify that these documents constitute
a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000595

Confidential - Subject to Protective
Order

HFBKPLAN015176

SA 3485

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. _____
issued by THE HARTFORD INSURANCE GROUP company design-
ated therein, and takes effect as of the effective date of said policy
unless another effective date is stated herein.

Effective date _____ 12:01 A. M., standard time at the address of the named insured as
stated herein.

ELIMINATION OF EXCLUSION "C"

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

PERSONAL INJURY LIABILITY INSURANCE

IN CONSIDERATION OF THE PREMIUM INCLUDED IN THE COMPOSITE RATE IT IS
AGREED THAT EXCLUSION (C) OF THE PERSONAL INJURY LIABILITY COVERAGE PART
IS DELETED.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other
than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes
effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy
by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



THE HARTFORD
INSURANCE GROUP
HARTFORD, CONNECTICUT

Countersigned by _____
Authorized Agent

[Handwritten signature]

Form AI-8-0 A Printed in U. S. A. 10-66 NBCU:

The company located these documents in its
business records. At this time, the company
does not certify that these documents constitute
a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000596

Confidential - Subject to Protective
Order

HFBKPLAN015177

SA 3486

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 12:01 A. M., standard time at the address of the named insured as stated herein.

CAR POOLING

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:
COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE

IT IS HEREBY UNDERSTOOD AND AGREED THAT THIS POLICY IS TO PROVIDE COVERAGE FOR ALL INDIVIDUALS PARTICIPATING IN CAR POOLING AT THE DIRECTION OF B.S.A. IT IS FURTHER UNDERSTOOD THAT SUCH COVERAGE IS TO BE EXCESS OVER ANY OTHER VALID AND COLLECTIBLE INSURANCE.

Must meet Minimum Limits: Statutory of various states;

*Remove unless
more info if
needed - removed*

OK

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000597

Confidential - Subject to Protective Order

HFBKPLAN015178

SA 3487

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

THE POLICY IS EXTENDED TO COVER A CANOE TRAILER
WHICH WILL BE USED TO CARRY CANOES IN THE EAST
PRINCIPAL GARAGE LOCATION NEW YORK N Y.

Out

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AI-8-0 II Printed in U. S. A. 10-66 NBCU:

The Company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000598

Confidential - Subject to Protective Order

HFBKPLAN015179

SA 3488

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INS

AUTOMOBILE PHYSICAL DAMAGE INS

THE NOTICE OF ACCIDENT CONDITION OF THE
POLICY IS AMENDED TO READ:
UPON THE HAPPENING OF AN ACCIDENT
OCCURRENCE, OR PRESENTATION OF CLAIM
WRITTEN NOTICE SHALL BE GIVEN BY OR
ON BEHALF OF THE INSURED TO THE COMPANY
OR ANY OF ITS AUTHORIZED AGENTS AS SOON
AS PRACTICABLE AFTER IT IS KNOWN AT THE
HEADQUARTERS OF THE BOY SCOUTS OF AMERICA.

X
just

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

Countersigned by
The company located these documents in its
business records. At this time, the company
does not certify that these documents constitute
a complete and accurate copy of the policy

CONFIDENTIAL

HARTFORD000599

Confidential - Subject to Protective
Order

HFBKPLAN015180

SA 3489

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INS

AUTOMOBILE PHYSICAL DAMAGE INS

IN CONSIDERATION OF THE PREMIUM CHARGED THE POLICY
TERRITORY IS EXTENDED TO COVER MEXICO ON AN EXCESS
AND DIFFERENCE AND CONDITIONS BASIS OVER ANY UNDERLYING
INSURANCE OBTAINED BY THE INSURED.

*OK use old
form for wordings -
need disclaimer
wordings -
OK*

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-B B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000600

Confidential - Subject to Protective Order

HFBKPLAN015181

SA 3490

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INS

AUTOMOBILE PHYSICAL DAMAGE INS

IT IS UNDERSTOOD AND AGREED THAT THE POLICY
IS EXTENDED TO COVER EMPLOYEES OF THE INSURED
AS ADDITIONAL INSURED WITH RESPECT TO VEHICLES
HIRED IN THEIR OWN NAME FOR USE ON BOY SCOUTS OF
AMERICA BUSINESS.

At direction of B.S.A.

Needed to yes

ok

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-S-6 B Printed in U. S. A. 10-66 NBCU:

This company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000601

Confidential - Subject to Protective Order

HFBKPLAN015182

SA 3491

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. _____
issued by THE HARTFORD INSURANCE GROUP company design-
ated therein, and takes effect as of the effective date of said policy
unless another effective date is stated herein.

Effective date _____ 12:01 A. M., standard time at the address of the named insured as
stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INS

IT IS UNDERSTOOD AND AGREED THAT THE POLICY IS
EXTENDED TO COVER THE LIABILITY ASSUMED BY THE
INSURED UNDER ANY HIRED AND/OR LEASED CAR AGREEMENTS
IN CONJUNCTION WITH BUSINESS ON BEHALF OF THE BOY
SCOUTS OF AMERICA.

*Not needed
Contractual*

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-B Printed in U. S. A. 10-66 NBC12

Countersigned by _____
The company located these documents in its
business records. At this time, the company
does not certify that these documents constitute
a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000602

Confidential - Subject to Protective
Order

HFBKPLAN015183

SA 3492

AMENDMENT-LIMITS OF LIABILITY

(SINGLE LIMIT)

Named Insured and Address

10 C A933022

This endorsement forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date: _____ 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE

SCHEDULE

BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY.	\$ 900,000 EACH OCCURRENCE
	\$ 500,000 AGGREGATE OCCURRENCE

IT IS AGREED THAT PROVISIONS OF THE POLICY CAPTIONED "LIMITS OF LIABILITY" RELATING TO BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY ARE AMENDED TO READ AS FOLLOWS:

LIMITS OF LIABILITY

REGARDLESS OF THE NUMBER OF (1) INSURED UNDER THIS POLICY, (2) PERSONS OR ORGANIZATIONS WHO SUSTAIN BODILY INJURY OR PROPERTY DAMAGE, (3) CLAIMS MADE OR SUITS BROUGHT ON ACCOUNT OF BODILY INJURY OR PROPERTY DAMAGE OR (4) AUTOMOBILES OR UNITS OF MOBILE EQUIPMENT TO WHICH THIS POLICY APPLIES, THE COMPANY'S LIABILITY IS LIMITED AS FOLLOWS:

BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY:

- (A) THE LIMIT OF LIABILITY STATED IN THE SCHEDULE AS APPLICABLE TO "EACH OCCURRENCE" IS THE TOTAL LIMIT OF THE COMPANY'S LIABILITY FOR ALL DAMAGES BECAUSE OF BODILY INJURY OR PROPERTY DAMAGE AS A RESULT OF ANY ONE OCCURRENCE PROVIDED THAT WITH RESPECT TO ANY OCCURRENCE FOR WHICH NOTICE OF THIS POLICY IS GIVEN IN LIEU OF SECURITY OR WHEN THIS POLICY IS CERTIFIED AS PROOF OF FINANCIAL RESPONSIBILITY UNDER THE PROVISIONS OF THE MOTOR VEHICLE FINANCIAL RESPONSIBILITY LAW OF ANY STATE OR PROVINCE SUCH LIMIT OF LIABILITY SHALL BE APPLIED TO PROVIDE THE SEPARATE LIMITS REQUIRED BY SUCH LAW FOR BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY TO THE EXTENT OF THE COVERAGE REQUIRED BY SUCH LAW, BUT THE SEPARATE APPLICATION OF SUCH LIMIT SHALL NOT INCREASE THE TOTAL LIMIT OF THE COMPANY'S LIABILITY.
- (B) SUBJECT TO THE ABOVE PROVISIONS RESPECTING "EACH OCCURRENCE", THE TOTAL LIABILITY OF THE COMPANY FOR ALL DAMAGES BECAUSE OF ALL BODILY INJURY AND PROPERTY DAMAGE WHICH OCCURS DURING EACH ANNUAL PERIOD WHILE THIS POLICY IS IN FORCE COMMENCING FROM ITS EFFECTIVE DATE AND IS DESCRIBED IN ANY OF THE NUMBERED SUBPARAGRAPHS BELOW SHALL NOT EXCEED THE LIMIT OF LIABILITY STATED IN THE SCHEDULE AS "AGGREGATE".

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-3-0 C Printed in U. S. A. 10-76 NUC:

CONFIDENTIAL

HARTFORD000603

Confidential - Subject to Protective Order

HFBKPLAN015184

SA 3493

/ ENDORSEMENT-LIMITS OF LIABILITY

(SINGLE LIMIT)

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. _____
 issued by THE HARTFORD INSURANCE GROUP company design-
 ated therein, and takes effect as of the effective date of said policy
 unless another effective date is stated herein.

Effective date 12:01 A.M., standard time at the address of the named insured as
 stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE

- (1) ALL PROPERTY DAMAGE ARISING OUT OF PREMISES OR OPERATIONS RATED ON A REMUNERATION BASIS OR CONTRACTOR'S EQUIPMENT RATED ON A RECEIPTS BASIS, INCLUDING PROPERTY DAMAGE FOR WHICH LIABILITY IS ASSUMED UNDER ANY INCIDENTAL CONTRACT RELATING TO SUCH PREMISES OR OPERATIONS, BUT EXCLUDING PROPERTY DAMAGE INCLUDED IN SUBPARAGRAPH (2) BELOW.
- (2) ALL PROPERTY DAMAGE ARISING OUT OF AN OCCURRING IN THE COURSE OF OPERATIONS PERFORMED FOR THE NAMED INSURED BY INDEPENDENT CONTRACTORS AND GENERAL SUPERVISION THEREOF BY THE NAMED INSURED, INCLUDING ANY SUCH PROPERTY DAMAGE FOR WHICH LIABILITY IS ASSUMED UNDER ANY INCIDENTAL CONTRACT RELATING TO SUCH OPERATIONS, BUT THIS SUBPARAGRAPH (2) DOES NOT INCLUDE PROPERTY DAMAGE ARISING OUT OF MAINTENANCE OR REPAIRS AT PREMISES OWNED BY OR RENTED TO THE NAMED INSURED OR STRUCTURAL ALTERATIONS AT SUCH PREMISES WHICH DO NOT INVOLVE CHANGING THE SIZE OF OR MOVING BUILDINGS OR OTHER STRUCTURES;
- (3) ALL BODILY INJURY AND PROPERTY DAMAGE INCLUDED WITHIN THE COMPLETED OPERATIONS HAZARD AND ALL BODILY INJURY AND PROPERTY DAMAGE INCLUDED WITHIN THE PRODUCTS HAZARD;
- (4) ALL PROPERTY DAMAGE FOR WHICH LIABILITY IS ASSUMED UNDER ANY CONTRACT TO WHICH THE CONTRACTUAL LIABILITY INSURANCE APPLIES.

SUCH AGGREGATE LIMIT SHALL APPLY SEPARATELY:

- (I) TO THE PROPERTY DAMAGE DESCRIBED IN SUBPARAGRAPHS (1) AND (2) SEPARATELY WITH RESPECT TO EACH PROJECT AWAY FROM PREMISES OWNED BY OR RENTED TO THE NAMED INSURED;
 - (II) TO THE SUM OF THE DAMAGED FOR ALL BODILY INJURY AND PROPERTY DAMAGE DESCRIBED IN SUBPARAGRAPH (3); AND
 - (III) TO THE PROPERTY DAMAGE DESCRIBED IN SUBPARAGRAPH (4) SEPARATELY WITH RESPECT TO EACH PROJECT AWAY FROM PREMISES OWNED BY OR RENTED TO THE NAMED INSURED.
- (C) FOR THE PURPOSE OF DETERMINING THE LIMIT OF THE COMPANY'S LIABILITY, ALL BODILY INJURY AND PROPERTY DAMAGE ARISING OUT OF CONTINUOUS OR REPEATED EXPOSURE TO SUBSTANTIALLY THE SAME GENERAL CONDITIONS SHALL BE CONSIDERED AS ARISING OUT OF ONE OCCURRENCE.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid evidence of the company's execution of these documents in its



business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Countersigned by

Authorized Agent

CONFIDENTIAL

HARTFORD000604

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 Order

HFBKPLAN015185

SA 3494

**AMENDMENT-LIMITS OF LIABILITY
(SINGLE LIMIT)**

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. _____
issued by THE HARTFORD INSURANCE GROUP company design-
ated therein, and takes effect as of the effective date of said policy
unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the named insured as
stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:
**COMPREHENSIVE GENERAL LIABILITY INSURANCE
CONTRACTUAL LIABILITY INSURANCE**

SCHEDULE

BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY.	\$ 500 ,000 EACH OCCURRENCE
	\$ 500 ,000 AGGREGATE

IT IS AGREED THAT PROVISIONS OF THE POLICY CAPTIONED " LIMITS OF LIABILITY" RELATING TO BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY ARE AMENDED TO READ AS FOLLOWS:

LIMITS OF LIABILITY

REGARDLESS OF THE NUMBER OF (1) INSUREDS UNDER THIS POLICY, (2) PERSONS OR ORGANIZATIONS WHO SUSTAIN BODILY INJURY OR PROPERTY DAMAGE, (3) CLAIMS MADE OR SUITS BROUGHT ON ACCOUNT OF BODILY INJURY OR PROPERTY DAMAGE OR (4) AUTOMOBILES OR UNITS OF MOBILE EQUIPMENT TO WHICH THIS POLICY APPLIES, THE COMPANY'S LIABILITY IS LIMITED AS FOLLOWS:

BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY:

- (A) THE LIMIT OF LIABILITY STATED IN THE SCHEDULE AS APPLICABLE TO "EACH OCCURRENCE" IS THE TOTAL LIMIT OF THE COMPANY'S LIABILITY FOR ALL DAMAGES BECAUSE OF BODILY INJURY OR PROPERTY DAMAGE AS A RESULT OF ANY ONE OCCURRENCE PROVIDED THAT WITH RESPECT TO ANY OCCURRENCE FOR WHICH NOTICE OF THIS POLICY IS GIVEN IN LIEU OF SECURITY OR WHEN THIS POLICY IS CERTIFIED AS PROOF OF FINANCIAL RESPONSIBILITY UNDER THE PROVISIONS OF THE MOTOR VEHICLE FINANCIAL RESPONSIBILITY LAW OF ANY STATE OR PROVINCE SUCH LIMIT OF LIABILITY SHALL BE APPLIED TO PROVIDE THE SEPARATE LIMITS REQUIRED BY SUCH LAW FOR BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY TO THE EXTENT OF THE COVERAGE REQUIRED BY SUCH LAW, BUT THE SEPARATE APPLICATION OF SUCH LIMIT SHALL NOT INCREASE THE TOTAL LIMIT OF THE COMPANY'S LIABILITY.
- (B) SUBJECT TO THE ABOVE PROVISIONS RESPECTING "EACH OCCURRENCE", THE TOTAL LIABILITY OF THE COMPANY FOR ALL DAMAGES BECAUSE OF ALL BODILY INJURY AND PROPERTY DAMAGE WHICH OCCURS DURING EACH ANNUAL PERIOD WHILE THIS POLICY IS IN FORCE COMMENCING FROM ITS EFFECTIVE DATE AND IS DESCRIBED IN ANY OF THE NUMBERED SUBPARAGRAPHS BELOW SHALL NOT EXCEED THE LIMIT OF LIABILITY STATED IN THE SCHEDULE AS "AGGREGATE".

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, counter-signature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



The company located these documents in its business records. At this time, the company ~~certifies~~ that these documents constitute a complete and accurate copy of the ~~original~~ documents.

Form AL-8-8-C Printed in U. S. A. 10-66 NHC1

CONFIDENTIAL

HARTFORD000605

Confidential - Subject to Protective
Order

HFBKPLAN015186

SA 3495

Protection Against UNINSURED MOTORIST'S INSURANCE—COVERAGE PART

COMPANY COPY



Und. Approved	Confidential Report	Und. Notes
Quality Control		

10 C A43342E

This Coverage Part forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective _____ (at the hour stated in the policy) and forms a part of the above designated policy issued to _____

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

SCHEDULE

The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverage	Advance Premium	Limits of Liability
U — Uninsured Motorists	\$ 18.00	\$10,000 each person \$20,000 each accident

Designated Insured:

AS RESPECTS TO: WISCONSIN MAINE AND MINNESOTA

Description of Insured Highway Vehicles
(Check appropriate box)

- ☒ Any automobile owned by the named insured
- ☐ Any private passenger automobile owned by the named insured
- ☐ Any highway vehicle to which are attached dealer's license plates issued to the named insured
- ☐ Any highway vehicle designated in the schedule of the policy by the letters "UM" and a highway vehicle ownership of which is acquired during the policy period by the named insured as a replacement therefor
- ☐ Any mobile equipment owned or leased by and registered in the name of the named insured
- ☐ _____

I. COVERAGE U—UNINSURED MOTORISTS (Damages for Bodily Injury)

The company will pay all sums which the insured or his legal representative shall be legally entitled to recover as damages from the owner or operator of an uninsured highway vehicle because of bodily injury sustained by the insured, caused by accident and arising out of the ownership, maintenance or use of such uninsured highway vehicle; provided, for the purposes of this coverage, determination as to whether the insured or such representative is legally entitled to recover such damages, and if so the amount thereof, shall be made by agreement between the insured or such representative and the company or, if they fail to agree, by arbitration.

No judgment against any person or organization alleged to be legally responsible for the bodily injury shall be conclusive, as between the insured and the company, of the issues of liability of such person or organization or of the amount of damages to which the insured is legally entitled unless such judgment is entered pursuant to an action prosecuted by the insured with the written consent of the company.

Exclusions

This insurance does not apply:

- (a) to bodily injury to an insured with respect to which such insured, his legal representative or any person entitled to payment under this insurance shall, without written consent of the company, make any settlement with any person or organization who may be legally liable therefor;

- (b) to bodily injury to an insured while occupying a highway vehicle (other than an insured highway vehicle) owned by the named insured, any designated insured or any relative resident in the same household as the named insured or designated insured, or through being struck by such a vehicle, but this exclusion does not apply to the named insured or his relatives while occupying or if struck by a highway vehicle owned by a designated insured or his relatives;
- (c) so as to inure directly or indirectly to the benefit of any workmen's compensation or disability benefits carrier or any person or organization qualifying as a self-insurer under any workmen's compensation or disability benefits law or any similar law.

II. PERSONS INSURED

Each of the following is an insured under this insurance to the extent set forth below:

- (a) the named insured and any designated insured and, while residents of the same household, the spouse and relatives of either;
- (b) any other person while occupying an insured highway vehicle; and
- (c) any person, with respect to damages he is entitled to recover because of bodily injury to which this insurance applies sustained by an insured under (a) or (b) above.

The insurance applies separately with respect to each insured, except with respect to the limits of the company's liability.

The conditions and provisions printed on pages UM-2 and UM-3 of this form are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, by a duly authorized agent of the company shall constitute valid counter-

Form A-3409-0 CDR Printed in U. S. A. (ISO: UM)

UM-1

CONFIDENTIAL

HARTFORD000606

Confidential - Subject to Protective
Order

HFBKPLAN015187

SA 3496

Automobile Physical Damage Insurance (Fleet Automatic) Coverage Part

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

10 C A43342E

This Coverage Part forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

COMPANY COPY

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective _____ (at the hour stated in the policy) and forms a part of the above designated policy issued to _____

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

Items

SCHEDULE

1.(a) The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges and, under each such coverage, applies only to such covered automobiles as are indicated, by entry herein, of one or more of the designating numerals for that purpose appearing in division (b) of this Item. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Coverages	★ Covered Automobiles	Limit of Liability — each covered automobile		Advance Premiums
		Amount or "ACV" (Actual Cash Value)	Deductible	
O. Comprehensive	CA- CA-	ACV	\$	\$ 290.00
P. Collision	CA- CA-		\$	\$
Q. Fire, Lightning or Transportation	CA- CA-		\$	\$
R. Theft	CA- CA-		\$	\$
S. Windstorm, Hail, Earthquake or Explosion	CA- CA-		\$	\$
T. Combined Additional	CA- CA-		\$	\$
V. Towing (Not available in California)	CA- CA-	\$25 for each disablement		\$

Form Numbers of Endorsements forming part of this Coverage Part at issue:

Maximum Limit of Liability		Advance Premium for Endorsements
\$	Any one covered automobile	\$
\$	All covered automobiles at any one location	TOTAL ADVANCE PREMIUMS
\$	All covered automobiles	\$ 290.00

Records to be submitted ("M" = monthly; "Q" = quarterly; "S" = semi-annually):

(b) Explanation of above entries designating the covered automobiles to which this insurance applies, under each Coverage afforded: When also entered with CA-1, 2, 3 or 4: 6=excluding vehicles leased to the named insured 7=excluding under Collision Coverage, any vehicle not having an actual cash value of at least \$ _____

★ CA-1 = all covered automobiles
CA-2 = all registered covered automobiles
CA-3 = all covered automobiles of the private passenger type
CA-4 = all covered automobiles of the commercial type
CA-5 = the covered automobiles described in the Schedule of Covered Automobiles made a part hereof (including newly acquired vehicles, subject to the provisions of paragraph (b) of the "covered automobile" definition)

2. Schedule of Covered Automobiles as of effective date of this insurance

(a) Description; (b) Facts Respecting Purchase; (c) Limit of Liability (if not stated in Item 1 above), Rates, Advance Premiums

AUTO No.	(a)	Year Model		Body Type - Capacity		Identification No.(I)		No. of Cyls.		Principally garaged in		*Purpose of Use		Classification	
		Trade Name		(Truck Load, Gallenger, Bus Seating)		Serial No. (S), Motor No. (M)		Model		(Town, State)					
1	SEE SCHEDULE ATTACHED														
2															
AUTO No.	(b)	List Price	Actual Cost	Purchased		Rating	Any loss under Coverages other than Towing is payable as interest may appear to the named insured and the Loss Payee named below:								
				Mo./Yr. - New (N); Used (U)		Symbol									
1															
2															
AUTO No.	(c) Limit of Liability—each covered automobile described in (a) above and covered for: Coverages other than Collision Enter:					Rates	Advance Premiums								
	Amt. or "ACV"		Deductible	"ACV"			Cov. O	Cov. P	Cov. Q	Cov. R	Cov. S	Cov. T	Cov. V		
1															
2															
"ACV" means Actual Cash Value					Totals										

3. Except with respect to bailment lease, conditional sale, purchase agreement, mortgage or other encumbrance, the named insured is the sole owner of every covered automobile designated above as covered under this insurance, unless otherwise stated herein:

The conditions and provisions printed on pages PHF-2, PHF-3 and PHF-4 of this form are hereby agreed to and accepted by the named insured. This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company and provided that the named insured takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid counter-signature that these documents constitute a complete and accurate copy of the policy.

* P & B = Pleasure and Business; C = Commercial

A-3011-1 GDR Printed in U.S.A. (ISO: CP-00-35) Ed. 8-74

PHF-1

Authorized Agent

CONFIDENTIAL

HARTFORD000607

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Order

HFBKPLAN015188

SA 3497

GARAGE INSURANCE — COVERAGE PART

COMPANY COPY

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

10 C A43342E

This Coverage Part forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)
This Coverage Part is effective _____ (at the hour stated in the policy) and forms a part of the above designated policy issued to _____

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

SCHEDULE

The insurance afforded is only with respect to such of the following coverages and hazards thereunder as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverages	Limits of Liability	Hazards	Advance Premiums
GARAGE LIABILITY			
G. Bodily Injury Liability	\$.....,000 each person	Garage operations including	
	\$.....,000 each occurrence	Automobile Hazard 1	\$
		Automobile Hazard 2	\$
		Escalators	\$
II. Property Damage Liability	\$.....,000 each occurrence subject to \$100 deductible as set forth in Limits of Liability provision.	Garage operations including	
		Automobile Hazard 1	\$
		Automobile Hazard 2	\$
		Escalators	\$
EXPENSES FOR MEDICAL SERVICES		Premium Rate	
I. Automobile Medical Payments	\$.....	% of Coverage G Premium	\$
I. and J. Automobile and Premises Medical Payments	each person	% of Coverage G Premium	\$
GARAGEKEEPERS' LEGAL LIABILITY	Limits of Liability — each location	Less Deductible	
K-1. Fire and Explosion	As stated below		\$ 483.00
K-2. Theft of the Entire Automobile	As stated below		\$ INCL
K-3. Riot, Civil Commotion, Mischief and Vandalism	As stated below	\$25 each loss caused by malicious mischief or vandalism	\$ 149.00
K-4. Collision or Upset	As stated below. If Coverage K-4 is afforded, the limit stated below for each location includes \$5,000 limit for loss to property other than automobiles.	\$ 250 each loss caused by Collision or Upset	\$ 368.00
Form Numbers of Endorsements forming part of this Coverage Part at issue:			Advance Prem. for Endorsements \$
			TOTAL ADVANCE PREMIUMS \$ 1,000.00

The following are the addresses of all premises where the named insured conducts garage operations.

Location No.	Address (Show main sales location, if any, as Location No. 1)	GARAGE LIABILITY — Premium Bases		GARAGE LIABILITY — Rates		Limit of Liability	Maximum No. of Customers' Automobiles Stored
		(1) (2) (3): Remuneration (4): Total Number (5): Total Number		(1) (2) (3): Per \$100 Remuneration (4): Per Automobile (5): Per Escalator			
1	PHILTOWER BLDG TULSA OKLA	(1) Class A \$..... (2) Class B \$..... (3) Class C \$..... (4) Furnished Automobiles..... (5) Escalators.....		Coverage G..... Coverage II.....		750,000	315
2	Description of Escalator Location in Building Code No.	(1) Class A \$..... (2) Class B \$..... (3) Class C \$..... (4) Furnished Automobiles..... (5) Escalators.....					

All automobiles owned by the named insured are used principally in garage operations of the named insured, except automobiles (1) assigned to the named insured, a partner therein or a member thereof, or an executive officer thereof, or, if a resident of the same household, the spouse of any of them or (2) furnished to any person or organization named below.

Automobiles owned by the named insured are furnished to the following persons or organizations for their regular use for other business purposes or for non-business purposes (do not list the named insured, any partner, member, executive officer or, if a resident of the same household, the spouse of any of them, unless more than one automobile is furnished concurrently to such person and then show only the number of automobiles so furnished in excess of one):

Name: _____ Number of Such Automobiles: _____

The conditions and provisions printed on pages GAR-2, GAR-3 and GAR-4 as they are incorporated herein by reference constitute a part of this policy. This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company located these documents in its effect as of the effective date of the policy and, at issue of said policy, form a part thereof. Counter signatures on the distribution copy of said policy by a duly authorized agent of the company shall constitute valid counter signatures on this Coverage Part.

CONFIDENTIAL

HARTFORD000608

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HFBKPLAN015189

SA 3498

Schedule of Automobiles and Covered Automobiles PAGE 1

This Schedule forms a part of Policy No. 10 A43342E issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date: 11 75
12 01 A M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls. Truck Load, Gallonage Box Seating Capacity	Identification No. (D) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Date/Yr. New-Used	Coverage		Physical Damage Coverages						Premium
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Aut. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)	Uninsured Motorist	
						PIP	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Aut. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premium		
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments	Uninsured Motorist Premium							
1.	69 CHEV DUMP #C5439P843448			C		\$ 71.00	\$ 59.00		\$	\$		\$		\$
	MENDHAM N J	25		8CA		\$ 22.00	\$ 2.00		\$	\$		\$		\$
2.	71 DODGE S W #B23A41S120542			P&B		\$ 86.00	\$ 52.00		\$	\$		\$		\$
	MENDHAM N J	25		PPT		\$ 6.00			\$	\$		\$		\$
3.	69 CHEV P U #CS139T830725			C		\$ 54.00	\$ 45.00		\$	\$		\$		\$
	MENDHAM N J	25		6		\$ 17.00	\$ 2.00		\$	\$		\$		\$
4.	60 CHEV P U #KS2495804986			C		\$ 54.00	\$ 45.00		\$	\$		\$		\$
	MENDHAM N J	25		6		\$ 17.00	\$ 2.00		\$	\$		\$		\$
5.	70 FORD TRACTOR #C243596					\$ 13.00	\$ 4.00		\$	\$		\$		\$
	MENDHAM N J	25	MOBILE EQUIPMENT			\$	\$		\$	\$		\$		\$
6.	66 CHEV VAN #PG1266P105182			P&B		\$ 86.00	\$ 52.00		\$	\$		\$		\$
	MENDHAM N J	25		PPT		\$ 6.00			\$	\$		\$		\$
7.	66 INTL BACKHOE #05182					\$ 13.00	\$ 4.00		\$	\$		\$		\$
	MENDHAM N J	25	MOBILE EQUIPMENT			\$	\$		\$	\$		\$		\$
Total Available in California *P & B = Pleasure and Business; C = Commercial						\$ 377.00	\$ 261.00					\$		\$
LOSS PAYEE - IDENTIFY BY UNIT OR ENTRY NO.						\$ 12.00	\$					\$		\$
No.	Name and Address of Loss Payee					No.	Rate							
	CSL 9% (.91) INCL						\$ 10.00							
The company is not liable for damages to the insured's property. At this time, the company does not carry this line of business. A complete and accurate copy of the policy.														

A-3471-0 Printed in U. S. A.

CONFIDENTIAL

HARTFORD000609

Confidential - Subject to Protective Order

HFBKPLAN015190

SA 3499

Schedule of Automobiles and Covered Automobiles

This Schedule forms a part of Policy No. 1 J A 43342E issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 1 1 75
12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Automobile

Schedule of Automobiles

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased New/Used	Casualty Coverages		Physical Damage Coverages						Premium and Labor Costs
						BI Lisk. Prem.	FD Lisk. Prem.	Non. Coll. Cov. (Insert App- licable Symbol)	Aut. or "ACP" (Actual Cash Value)	Deduct- ible if any	Rate	Premiums (each cov- ered auto- mobile)		
						Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert App- licable Symbol)	Aut. or "ACP" (Actual Cash Value)	Deduct- ible if any	Rate	Premium		
8.	73 DODGE P U #026BE3F103904			C		\$ 54.00	\$ 45.00		\$	\$		\$	\$	
	MENDHAM N J	25		6		\$ 17.00	\$ 2.00		\$	\$		\$	\$	
9.	68 CHEV P U #CS148T122234			C		\$ 54.00	\$ 45.00		\$	\$		\$	\$	
	MENDHAM N J	25		6		\$ 17.00	\$ 2.00		\$	\$		\$	\$	
10.	68 CHEV P U #CS148T122265			C		\$ 54.00	\$ 45.00		\$	\$		\$	\$	
	MENDHAM N J	25		6		\$ 17.00	\$ 2.00		\$	\$		\$	\$	
11.	72 CHEV P U #CCS142B139673			C		\$ 54.00	\$ 45.00		\$	\$		\$	\$	
	MENDHAM N J	25		6		\$ 17.00	\$ 2.00		\$	\$		\$	\$	
12.	64 CHEV STAKE TRK #4C369T132515			C		\$ 71.00	\$ 59.00		\$	\$		\$	\$	
	MENDHAM N J	25		8 CA		\$ 22.00	\$ 2.00		\$	\$		\$	\$	
13.	68 FORD TRACTOR C187425					\$ 13.00	\$ 4.00		\$	\$		\$	\$	
	NORTH BRUNSWICK N J	40		MOBILE EQUIPMENT		\$	\$		\$	\$		\$	\$	
14.	72 FORD 1½ T TRK #F50CEN63371			C		\$ 122.00	\$ 75.00		\$	\$		\$	\$	
	NORTH BRUNSWICK N J	40		8CA		\$ 33.00	\$ 2.00		\$	\$		\$	\$	
Total						\$ 422.00	\$ 318.00					\$	\$	
*Not Available in California *P & B = Pleasure and Business; C = Commercial														
LOSS PAYEE - IDENTIFY BY UNIT OR ENTRY NO.														
No.	Name and Address of Loss Payee													
	CSL 9% (.91) INCL													
The company hereby certifies that the information furnished herein is true and correct and that these documents constitute a complete and accurate copy of the policy.														
Does not verify that these documents constitute														

A-3471-0 Printed in U. S. A.

CONFIDENTIAL

HARTFORD000610

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Order

HFBKPLAN015191

SA 3500

Schedule of Automobiles and Covered Automobiles

This Schedule forms a part of Policy No. 11 A43342E issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 1 1 75
12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls. Truck Load, Cubic Feet Gas Seating Capacity	Identification No. (D) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased New/Used	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs
						BI Liab. Prem.	PD Liab. Prem.	Med. Coll. Cov. (Insert App. Excl. Symbols)	Aut. or "ACV" (Actual Cash Value)	Delet. table if any	Rates	Premiums (each covered automobile)	Premium	
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert App. Excl. Symbols)	Aut. or "ACV" (Actual Cash Value)	Delet. table if any	Rates	Premiums (each covered automobile)	Premium	
5.	72 INTL WAGONEER A838606490094			C		\$ 91.00	\$ 56.00		\$	\$		\$	\$	
	NORTH BRUNSWICK N J	40	6			\$	\$		\$	\$		\$	\$	
16.	68 FORD TR J #F35YEC58580			C		\$ 153.00	\$ 94.00		\$	\$		\$	\$	
	NORTH BRUNSWICK N J	40	5CA			\$	\$		\$	\$		\$	\$	
17.	74 CHEV CARRYALL #CCZ264F180084			P&B		\$ 82.00	\$ 52.00		\$	\$		\$	\$	
	ARRINGTON MAINE	10	PPT			\$	\$		\$	\$		\$	\$	
18.	74 CHEV CARRYALL #CCZ264F178865			P&B		\$ 82.00	\$ 52.00		\$	\$		\$	\$	
	ORRINGTON MAINE	10	PPT			\$	\$		\$	\$		\$	\$	
19.	72 CHEV CARRYALL #CCE262F175642			P&B		\$ 123.00	\$ 47.00		\$	\$		\$	\$	
	BOULDER JUNCT WISC	09	PPT			\$	\$		\$	\$		\$	\$	
20.	71 CHEV SUBURBAN #CE3614102709			P&B		\$ 123.00	\$ 47.00		\$	\$		\$	\$	
	BOULDER JUNCT WISC	09	PPT			\$	\$		\$	\$		\$	\$	
21.	73 INTL TRAVEALL #3HOHOCHB51426			C		\$ 57.00	\$ 35.00		\$	\$		\$	\$	
	BOULDER JUNCT WISC	09	5CA			\$	\$		\$	\$		\$	\$	
						\$ 711.00	\$ 383.00					\$	\$	
						\$ 155.00	\$ 10.00					\$	\$	

(Not Available in California *P & B = Pleasure and Business; C = Commercial

LOSS PAYEE - IDENTIFY BY UNIT OR ENTRY NO.

No. Name and Address of Loss Payee
CSL 9% (.91) INCL

THE COMPANY DOES NOT GUARANTEE THE ACCURACY OF THE INFORMATION CONTAINED HEREIN. AT THIS TIME, THE COMPANY DOES NOT CERTIFY THAT THESE DOCUMENTS CONSTITUTE A COMPLETE AND ACCURATE COPY OF THE POLICY.

A-3471-0 Printed in U. S. A.

CONFIDENTIAL

HARTFORD000611

Confidential - Subject to Protective Order

HFBKPLAN015192

SA 3501

Schedule of Automobiles and Covered Automobiles

This Schedule forms a part of Policy No. 10 A43342E issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date: 1 1 75
12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Automobile

Unit or Entry No.	Year Model Truck Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallons Bus Seating Capacity	Identification No. (D) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert App- licable Symbols)	Aut. or "ACV" (Actual Cash Value)	Deduct- ible if any	Rates	Premiums (each cov- ered auto- mobile)		
						PIP	Uninsured Motorist Premium	Coll. Cov. (Insert App- licable Symbols)	Aut. or "ACV" (Actual Cash Value)	Deduct- ible if any	Rates	Premium		
	Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol										
22	71 FORD ECONOLINE E22GHR50128 ELY MINNESOTA	07	5CA			\$47.00 \$ 9.00	\$33.00		\$	\$		\$	\$	
						\$	\$ 3.00		\$	\$		\$	\$	
23	72 CHEV CARRYALL CCE262F174138 ORRINGTON MAINE	10	P&B PPT	3700		\$	\$	0	\$	\$		28.00	\$	
						\$	\$		\$	\$		\$	\$	
24	72 CHEV CARRYALL CCE262F162143 ORRINGTON MAINE	10	P&B PPT	3700		\$	\$	0	\$	\$		28.00	\$	
						\$	\$		\$	\$		\$	\$	
25	73 CHEV CARRYALL CCZ263F171514 ORRINGTON MAINE	10	P&B PPT	4000		\$	\$	0	\$	\$		52.00	\$	
						\$	\$		\$	\$		\$	\$	
26	73 CHEV CARRYALL CCZ263F171671 ORRINGTON MAINE	10	P&B PPT	4000		\$	\$	0	\$	\$		52.00	\$	
						\$	\$		\$	\$		\$	\$	
27	71 CHEV CARRYALL CS261F650350 ORRINGTON MAINE	10	P&B PPT	4252		\$	\$	0	\$	\$		38.00	\$	
						\$	\$		\$	\$		\$	\$	
28	69 CHEV CARRYALL CE168F173539 BOULDER JUNCT WISC	09	P&B PPT	1275		\$	\$	0	\$	\$		19.00	\$	
						\$	\$		\$	\$		\$	\$	
[Not Available in California *P & B = Pleasure and Business; C = Commercial LOSS PAYEEES - IDENTIFY BY UNIT OR ENTRY NO.						\$ 47.00 \$ 9.00	\$ 33.00					\$ 217.00	\$	
No.	Name and Address of Loss Payee													
	CSL 9% (.91) INCL													

Not a
BUSINESS RECORD. At this time, this company
does not carry BUSINESS DOCUMENTS coverage
a complete and accurate copy of the policy

Schedule of Automobiles

A-3471-0 Printed in U. S. A.

CONFIDENTIAL

HARTFORD000612

Confidential - Subject to Protective
Order

HFBKPLAN015193

SA 3502

REAL PROPERTY—LIABILITY—FIRE

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the *named insured* as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE
MANUFACTURERS' AND CONTRACTORS' LIABILITY INSURANCE
OWNERS', LANDLORDS' AND TENANTS' LIABILITY INSURANCE

It is agreed that the Property Damage Liability Coverage applies to *property damage* to structures or portions thereof rented to or occupied by the *named insured* and described in this endorsement, including fixtures permanently attached thereto, if such *property damage* arises out of fire, subject to the following additional provisions:

1. With respect to the insurance provided by this endorsement, all of the exclusions of the policy, other than the Nuclear Energy Liability Exclusion (Broad Form), are deleted and replaced by the following:

This insurance does not apply to liability assumed by the *insured* under any contract or agreement.

2. The limit of liability stated in this endorsement applies separately to the insurance under this endorsement and is in lieu of any other limit of liability stated in the policy.

Description of Property	Limit of Liability	Rate (per \$100 of Limit)	Premium
	\$	each occurrence	

SEE FORM AL 8 0 C

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form L-3037-1 Printed in U. S. A. 10-69 (NBCU: G 209)

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

HARTFORD000614

HFBKPLAN015195

SA 3504

CONFIDENTIAL

Confidential - Subject to Protective
Order

ADDITIONAL INSURED
(Vendors - Broad Form)

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE
COMPLETED OPERATIONS AND PRODUCTS LIABILITY INSURANCE

It is agreed that the "Persons Insured" provision is amended to include any person or organization (herein referred to as "Vendor") as an Insured but only with respect to the distribution or sale in the regular course of the Vendor's business of the Named Insured's products subject to the following additional provisions:

1. The insurance with respect to the Vendor does not apply to:
 - (a) any express warranty unauthorized by the Named Insured;
 - (b) bodily injury or property damage arising out of
 - (i) any physical or chemical change in the form of the product made intentionally by the Vendor,
 - (ii) repacking, unless unpacked solely for the purpose of inspection, demonstration, testing or the substitution of parts under instruction from the manufacturer and then repacked in the original container,
 - (iii) demonstration, installation, servicing or repair operations, except such operations performed at the Vendor's premises in connection with the sale of the product, or
 - (iv) products which after distribution or sale by the Named Insured have been labeled or relabeled or used as a container, part or ingredient or any other thing or substance by or for the Vendor.
2. The insurance does not apply to any person or organization, as insured, from whom the Named Insured has acquired such products or any ingredient, part or container, entering into, accompanying or containing such products.

Limited form
send copies of both to New

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



THE HARTFORD
INSURANCE GROUP
HARTFORD, CONNECTICUT

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form I-3239-0 Printed in U. S. A. 10-68 (NBCU: G-113)

CONFIDENTIAL

HARTFORD000615

Confidential - Subject to Protective Order

HFBKPLAN015196

SA 3505

ERRORS AND OMISSIONS INSURANCE—EMPLOYEE BENEFIT PROGRAMS

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date..... Effective hour is the same as stated in the Declarations of the policy.

SCHEDULE

Limits of Liability	Estimated Advance Premium
\$ 500,000 each claim	
\$ 500,000 aggregate	\$ INCLUDED IN COMPOSITE RATE

The company agrees with the Named Insured, in consideration of the payment of the premium and in reliance upon the statements in the declarations and in the schedule herein and subject to the limits of liability, exclusions, conditions and other terms of this endorsement:

INSURING AGREEMENTS

- I. **COVERAGE.** To pay on behalf of the Insured all sums which the Insured shall become legally obligated to pay on account of any claims made against the Insured and caused by any negligent act, error or omission of the Insured, or any other person for whose acts the Insured is legally liable in the administration of the Insured's Employee Benefit Programs as defined herein.
- II. **DEFENSE, SETTLEMENT, SUPPLEMENTARY PAYMENTS.** As respects such insurance as is afforded by the terms of this endorsement, the company shall:
 - (a) defend in his name and behalf any suit against the Insured alleging such negligent act, error or omission and seeking damages on account thereof, even if such suit is groundless, false or fraudulent; but the company may make such investigation and negotiation and, with the written consent of the Insured, such settlement of any claim or suit as the company deems expedient;
 - (b) pay all premiums on bonds to release attachments for an amount not in excess of the applicable limit of liability of this endorsement, all premiums on appeal bonds required in any such defended suit, but without any obligation to apply for or furnish such bonds, all costs taxed against the Insured in any such suit, all expenses incurred by the company, all interest accruing after entry of judgment until the company has paid, tendered or deposited in court such part of such judgment as does not exceed the limit of the company's liability thereon;
 - (c) reimburse the Insured for all reasonable expenses, other than loss of earnings, incurred at the company's request; and the amounts incurred under this insuring agreement, except settlements of claims and suits, are payable by the company in addition to the applicable limit of liability of this endorsement.
- III. **DEFINITIONS.**
 - (a) "Insured" — The unqualified word "Insured", wherever used, includes not only the Named Insured, but also any partner, executive officer, director, stockholder or employee, provided such employee is authorized to act in the administration of the Insured's Employee Benefit Programs.
 - (b) "Employee Benefit Programs" — The term "Employee Benefit Programs" shall mean Group Life Insurance, Group Accident or Health Insurance, Pension Plans, Employee Stock Subscription Plans, Workmen's Compensation, Unemployment Insurance, Social Security and Disability Benefits.
 - (c) "Administration" — The unqualified word "Administration", wherever used, shall mean:
 - (1) giving counsel to employees with respect to Employee Benefit Programs;
 - (2) interpreting Employee Benefit Programs;
 - (3) handling of records in connection with Employee Benefit Programs;
 - (4) effecting enrollment of employees under Employee Benefit Programs;
 provided all such acts are authorized by the Named Insured.
- IV. **ENDORSEMENT PERIOD, TERRITORY.** This endorsement applies only to claims under the local jurisdiction of a court of law within the United States of America, its territories or possessions or Canada, resulting from negligent acts, errors or omissions of the Insured, or any person acting on behalf of the Insured in the administration of Employee Benefit Programs provided such claim is brought against the Named Insured during the policy period and the Named Insured at the effective date of this endorsement had no knowledge of or could not have reasonably foreseen any circumstances which might result in a claim or suit.

EXCLUSIONS

This endorsement does not apply:

- (a) to any dishonest, fraudulent, criminal or malicious act, libel, slander, discrimination, or humiliation;
- (b) to bodily injury to, or sickness, disease, or death, of any person, or to injury to or destruction of any tangible property, including the loss of use thereof;
- (c) to any claim for failure of performance of contract by an insurer;
- (d) to any claim based upon:
 - (1) failure of stock to perform as represented by an insured,
 - (2) advice given by an insured to an employee to participate or not to participate in stock subscription plans.

CONDITIONS

1. **Policy Conditions.** All the Conditions of the policy which would apply to the bodily injury or property damage liability coverages thereof shall apply to the insurance under this endorsement except those respecting "Premium", "Definitions" and "Limits of Liability".
2. **Limits of Liability**
 - (a) Subject to the provisions of the following paragraphs, the limit of liability stated in the schedule herein as applicable to "each claim" is the limit of the company's liability for all damages on account of each claim or suit covered hereunder; the limit of liability stated in the schedule herein as "aggregate", is, subject to the above provision respecting "each claim", the total limit of the company's liability hereunder for all damages.
 - (b) \$1,000 shall be deducted from the total amount resulting from each claim and the company shall be liable only for the difference between such deductible amount and the amount of insurance otherwise applicable to each claim. Such deductible amount shall not apply to the coverage provided under Insuring Agreement II.
 - (c) The terms of this endorsement and the policy, including those with respect to notice of claim or suit and the company's right to investigate, negotiate and settle any claim or suit, apply irrespective of the application of the deductible amount. If the company undertakes to negotiate or settle any claim or suit, the Insured agrees to join the company in such negotiation or settlement to the extent of the amount to be deducted as herein provided, or to reimburse the company for such deductible amount, if and when such claim is paid by the company.
 - (d) The inclusion herein of more than one insured shall not operate to increase the limits of the company's liability.
3. **Premium.** The premium developed by this endorsement shall be determined in accordance with the following schedule of rates and is subject to adjustment at audit:

Estimated Number of Employees	Rate (Each Employee)	Estimated Premium
..... First 5,000	INCLUDED IN COMPOSITE	\$.....
..... Next 5,000	RATE	\$.....
..... Over 10,000		\$.....

Total \$.....

If the policy period of the policy to which this endorsement is attached is more than one year, upon termination of each annual period of the policy the Insured, on request, will furnish the company a statement of personnel changes during the policy period and the earned premium shall be computed in accordance with the above rates. If the earned premium thus computed exceeds the estimated advance premium paid, the Insured shall pay the excess to the company; if less, the company shall return to the Insured the unearned portion paid by such Insured.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form L-2853-1 Printed in U. S. A. 6-76

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000616

Confidential - Subject to Protective Order

HFBKPLAN015197

SA 3506

LIQUOR LIABILITY INSURANCE COVERAGE PART

COMPANY COPY

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

This Coverage Part forms a part of Policy No. **10 C A43342E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)
This Coverage Part is effective.....(at the hour stated in the policy) and forms a part of the above designated policy issued to.....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

SCHEDULE

The insurance afforded is with respect to the following coverage as indicated by specific premium charge. The limit of the company's liability against such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverage	Limits of Liability			Advance Premium
X — Liquor Liability	\$500,000 each common cause \$500,000 aggregate			\$ INCLUDED
Location of Insured Premises	Code No.	Premium Basis	Rate	Advance Premium
LIQUOR HOST LIABILITY		Receipts	Per \$100 of Receipts	
ALL LOCATIONS COVERED BY POLICY			INCLUDED IN COMPOSITE RATE	
Class of Business	TOTAL ADVANCE PREMIUM			\$

Form Numbers of Endorsements forming part of this Coverage Part at issue:

If the Policy Period is more than one year, the Premium is Payable:

On effective date of Policy \$	1st Anniversary \$	2nd Anniversary \$
<p>I. COVERAGE X — LIQUOR LIABILITY</p> <p>The company will pay on behalf of the insured all sums which the insured shall become legally obligated to pay as damages because of injury to which this insurance applies, sustained by any person if such liability is imposed upon the insured by reason of the selling, serving or giving of any alcoholic beverage at or from the insured premises, and the company shall have the right and duty to defend any suit against the insured seeking such damages, even if any of the allegations of the suit are groundless, false or fraudulent, and may make such investigation and settlement of any claim or suit as it deems expedient, but the company shall not be obligated to pay any claim or judgment or to defend any suit after the applicable limit of the company's liability has been exhausted by payment of judgments or settlements.</p> <p>Exclusions</p> <p>This insurance does not apply:</p> <p>(a) to any obligation for which the insured or any carrier as his insurer may be held liable under any workmen's compensation, unemployment compensation or disability benefits law, or under any similar law;</p> <p>(b) to bodily injury to any employee of the insured arising out of and in the course of his employment by the insured or to any obligation of the insured to indemnify another because of damages arising out of such injury;</p> <p>(c) to injury arising out of any alcoholic beverage sold, served or given while any license therefor, required by law, is suspended or after such license expires, is cancelled or revoked;</p> <p>(d) to bodily injury or property damage arising out of the named insured's products or reliance upon a representation or warranty made at any time with respect thereto; but this exclusion does not apply to bodily injury or property damage for which the insured or his indemnitee may be held liable if such liability is imposed</p> <p>(1) by, or because of the violation of, any statute, ordinance or regulation pertaining to the sale, gift, distribution or use of any alcoholic beverage, or</p> <p>(2) by reason of the selling, serving or giving of any alcoholic beverage, to a minor or to a person under the influence of alcohol or which causes or contributes to the intoxication of any person.</p>		

The conditions and provisions printed on page LL-2 of this form are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this Coverage Part.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.....
Authorized Agent

Form L-3524-0 CDR Printed in U. S. A.

LL-1

CONFIDENTIAL

HARTFORD000618

Confidential - Subject to Protective Order

HFBKPLAN015199

SA 3508

CONTRACTUAL LIABILITY INSURANCE (BLANKET COVERAGE) — COVERAGE PART

COMPANY COPY

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

This Coverage Part furnishes a part of Policy No. **10 C A43342E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective (at the hour stated in the policy) and forms a part of the above designated policy issued to:

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

SCHEDULE

The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverages	Advance Premiums	Limits of Liability
YB — Contractual Bodily Injury Liability	\$ INCL	\$SEE ,000 each occurrence
ZB — Contractual Property Damage Liability	\$ INCL	\$LIMIT ,000 each occurrence
		\$ ENDT ,000 aggregate

Designation of Contracts	Code No.	Premium Bases	Rates		Advance Premiums	
			B. I.	P. D.	B. I.	P. D.
THAT PART OF ALL WRITTEN CONTRACTS OTHER THAN AS DEFINED UNDER "INCIDENTAL CONTRACTS" IN THE POLICY DEFINITION IN WHICH THE NAMED INSURED ASSUMES THE LIABILITY OF OTHERS		(a) Cost (b) Sales	(a) Per \$100 of Cost (b) Per \$1,000 of Sales			
						INCLUDED IN THE COMPOSITE RATE

Form Numbers of Endorsements forming part of this Coverage Part at issue:

SEE FORM AL 8 0 C

TOTAL ADVANCE PREMIUMS \$

If the Policy Period is more than one year, the Premium is Payable:

On effective date of Policy \$ 1st Anniversary \$ 2nd Anniversary \$

The following exclusions also apply:

☐ Exclusion (p) — Products and Completed Operations ☐ Exclusion (q) — x, c & u

I. COVERAGE YB—CONTRACTUAL BODILY INJURY LIABILITY

COVERAGE ZB—CONTRACTUAL PROPERTY DAMAGE LIABILITY

The company will pay on behalf of the insured all sums which the insured, by reason of contractual liability assumed by him under any written contract of the type designated in the schedule for this insurance, shall become legally obligated to pay as damages because of

Coverage YB, bodily injury or

Coverage ZB, property damage

to which this insurance applies, caused by an occurrence, and the company shall have the right and duty to defend any suit against the insured seeking damages on account of such bodily injury or property damage, even if any of the allegations of the suit are groundless, false or fraudulent, and may make such investigation and settlement of any claim or suit as it deems expedient, but the company shall not be obligated to pay any claim or judgment or to defend

- (1) any arbitration proceeding wherein the company is not entitled to exercise the insured's rights in the choice of arbitrators and in the conduct of such proceedings, or
- (2) any suit after the applicable limit of the company's liability has been exhausted by payment of judgments or settlements.

Exclusions

This insurance does not apply:

- (a) to liability assumed by the insured under any incidental contract;
- (b) (1) if the insured is an architect, engineer or surveyor, to bodily injury or property damage arising out of professional services performed by such insured, including
 - (i) the preparation or approval of maps, drawings, opinions, reports, surveys, change orders, designs or specifications, and
 - (ii) supervisory, inspection or engineering services;
- (2) if the indemnitee of the insured is an architect, engineer or surveyor, to the liability of the indemnitee, his agents or employees, arising out of

The conditions and provisions printed on pages KB-2 and KB-3 of this form are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, provided and of which the insured has effect as of the effective date of the policy and, at issue of said policy, by a duly authorized agent of the company shall constitute valid counter-

does not certify that these documents constitute a complete and accurate copy of the policy

Authorized Agent

Form L-3523-0 GDR Printed in U. S. A. (ISO: KB 1/1/73)

KB-1

CONFIDENTIAL

HARTFORD000619

Confidential - Subject to Protective Order

HFBKPLAN015200

SA 3509

COMPREHENSIVE GENERAL LIABILITY INSURANCE—COVERAGE PART

COMPANY COPY

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

10 C A43342E

This Coverage Part forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective _____ (at the hour stated in the policy) and forms a part of the above designated policy issued to _____

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

SCHEDULE

The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverages	Advance Premiums	Limits of Liability	
A -- Bodily Injury Liability	\$ 15,912.00	\$ SEE SINGLE	,000 each occurrence
		\$ LIMIT	,000 aggregate
B -- Property Damage Liability	\$ 832.00	\$ ENDT	,000 each occurrence
		\$ ATT	,000 aggregate

Rating Classifications	Code No.	Premium Bases	Rates		Advance Premiums	
Entries herein, except as specifically provided elsewhere in this policy, do not modify any of the other provisions of this policy.			B. I.	P. D.	B. I.	P. D.
(a) Premises — Operations		(a) Area (b) Frontage (c) Remuneration (d) Receipts	(a) Per 100 Sq. Ft. of Area (b) Per Linear Foot (c) Per \$100 of Remuneration (d) Per \$100 of Receipts			
(b) Escalators		(e) Landings	(e) Per Landing			
(c) Independent Contractors		(f) Cost	(f) Per \$100 of Cost			
(d) Completed Operations		(g) Receipts	(g) Per \$1,000 of Receipts			
(e) Products		(h) Sales	(h) Per \$1,000 of Sales			
		1) PAYROLL	1) PER \$100 OF PAYROLL			
		use quote figure				
ALL PREMISES OPERATIONS OF THE INSURED INCLUDING PRODUCTS AND ALSO INCLUDING PERSONAL INJURY LIABILITY INSURANCE EXCLUSION C NOT APPLICABLE)		70050	13,000,000	.1224 .0064	15,912.00	832.00

Form Numbers of Endorsements forming part of this Coverage Part at issue:

SEE FORM AL 8 0 B

TOTAL ADVANCE PREMIUMS \$ 15,912.00 832.00

If the Policy Period is more than one year, the Premium is Payable:

On effective date of Policy \$

1st Anniversary \$

The conditions and provisions printed on pages CGL-2 and CGL-3 of this policy are hereby agreed to and constitute a part of the policy.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, and, at issue of said policy, form a part thereof, countersignatures on the endorsement page of said policy by a duly authorized agent of the company shall constitute valid countersignatures for the policy.

Countersigned by _____
Authorized Agent

CONFIDENTIAL

HARTFORD000620

Confidential - Subject to Protective Order

HFBKPLAN015201

SA 3510

ATTACH FORMS ALONG MARGIN BELOW THIS MARK +

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43342E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....**12:01 A. M.**, standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INS
AUTOMOBILE PHYSICAL DAMAGE INS

ENDORSEMENTS AND COVERAGE PARTS FORMING PART OF POLICY:

A 3007-0

A 3013-0

A 3471-0

A 3011-1

AL 6-4

A 3351-0

A 3008-1

A 3009-1

A 2991-0

A 2993-0

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-B B Printed in U. S. A. 10-66 NBCU:

*Temporarily located these documents in its.....
business records. At this time, the company
does not certify that these documents constitute
a complete and accurate copy of the policy.*

CONFIDENTIAL

HARTFORD000621

Confidential - Subject to Protective
Order

HFBKPLAN015202

SA 3511

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. _____
 issued by THE HARTFORD INSURANCE GROUP company design-
 ated herein, and takes effect as of the effective date of said policy
 unless another effective date is stated herein.

Effective date..... 12:01 A. M., standard time at the address of the named insured as
 stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE
 CONTRACTUAL LIABILITY INSURANCE
 PERSONAL INJURY LIABILITY INSURANCE
 LIQUOR LIABILITY INSURANCE (HOST COVERAGE)

FORM NUMBERS OF COVERAGE PARTS AND ENDORSEMENTS FORMING PART OF THE
 POLICY AT ISSUE:

CGL

L 3503-0

L 3523-0

L 3524-0

L 3525-0

L 2583-0

L 3037-1 AND EXTENSION AL 8 0 C

L 3239-0

AL 8 0 B NOTICE OF OCCURRENCE

AL 8 0 B INTERESTS OF THE TYA, INCLUDED AS AN ADDITIONAL INSURED

AL 8 0 B INCIDENTAL MALPRACTICE LIABILITY ENDORSEMENT

AL 8 0 B VESSELS

AL 8 0 C AMENDMENT LIMITS OF LIABILITY (SINGLE LIMIT)

AS PER CONTRACTUAL LIAB COV PART

AL 8 0 C AMENDMENT LIMITS OF LIABILITY (SINGLE LIMIT)

AS PER PERSONAL INJURY LIAB COV PART

AL 8 0 A ELIMINATIONS OF EXCLUSION C

AS PER DECLARATION PAGE AL 51-0

AL 8 0 B NAMED INSURED ENDT

AL 8 0 B ADDITIONAL INSURED

AL 57-0

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 C Printed in U. S. A. 10-66 NBCU

The company located these documents in its business records. At this time, the company does not certify that these documents are a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000622

Confidential - Subject to Protective
 Order

HFBKPLAN015203

SA 3512

2 15 75 HSC
WILSON AND ALLEN INC 250420

REVISED



THE HARTFORD

Change, Elimination or Addition of Automobile
Change of Coverage — Amendment of Declarations

Named Insured and Address

10 E 113422

BOY SCOUTS OF AMERICA

NORTH BRUNSWICK N J

This endorsement forms a part of Policy No. _____ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date stated herein.

10 22 75

Effective date.....

12:01 A. M., standard time at the address of the named insured as stated herein.

It is agreed that the policy is amended, with respect only to such of the following Items as are indicated by ☒:
Item

- ☐ 1. The named insured's NAME is amended to read _____
- ☐ 2. The named insured's ADDRESS is amended to read _____
- ☐ 3. CHANGE OF COVERAGE — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.
- ☐ 4. The CLASSIFICATION for the Automobile designated herein is amended to read as follows: _____
- ☐ 5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification

6. Automobile(s) ADDED —

*Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principally Garaged In (Town, State)	*Purpose of Use	Rating Classification
75 ROYAL D/O	1163505			NORTH BRUNSWICK N J	C	2ED TRUCK
List Price	Actual Cost	Purchased Mo./Yr. New-Used	Sym- bol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

SCHEDULE

2-25

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

*(Insert X in applicable column)

			ACV means Actual Cash Value		PREMIUMS		
*Include	*Delete	*Amend Limits	COVERAGES	LIMITS OF LIABILITY	ANNUAL	ADDITIONAL	RETURN
			Bodily Injury Liability	\$ 100,000 each person			
			Medical Payments	\$ 500 each occurrence	\$ 12.00	\$ 2.00	
			Property Damage Liability	\$ 5000 each person	\$ 10.00	\$ 3.00	
				\$ 500,000 each occurrence	\$ 4.00	\$ 1.00	
			Uninsured Motorists	\$ 15,000 each person			
				\$ 30,000 each accident	\$ 5.00	\$ 1.00	
			Comprehensive	\$ ACV unless amount stated			
			Collision	less \$ deductible	\$	\$	\$
			Fire, Lightning or Transportation	ACV less \$ deductible	\$	\$	\$
			Theft	\$ ACV unless amount stated	\$	\$	\$
			Combined Additional	\$ ACV unless amount stated	\$	\$	\$
			Towing	\$ each disablement	\$	\$	\$

FR 195

Nothing herein contained shall be held to vary, waive, alter, or extend any of the not covered by this endorsement in the policy than as herein stated. This endorsement shall not be binding unless countersigned by a duly authorized agent of the company.

Countersigned by.....

Authorized Agent

A-3459-0 Printed in U.S.A.

CONFIDENTIAL

HARTFORD000623

Confidential - Subject to Protective
Order

HFBKPLAN015204

SA 3513

SA 3514

11-18-AVD. W. SON & ALLEN, INC. 2804805 COPY  SAIDChange, Elimination or Addition of Automobile
Change of Coverage — Amendment of Declarations

THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. 10 C A43342E
issued by THE HARTFORD INSURANCE GROUP company design-
ated therein, and takes effect as of the effective date stated herein.

BOY SCOUTS OF AMERICA.

NORTH BRUNSWICK, NJ.

Effective date 10-22-75 12:01 A. M., standard time at the address of the named insured as stated herein.It is agreed that the policy is amended, with respect only to such of the following Items as are indicated by ☒:

Item

- ☐ 1. The named insured's NAME is amended to read _____
- ☐ 2. The named insured's ADDRESS is amended to read _____
- ☐ 3. CHANGE OF COVERAGE — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.
- ☐ 4. The CLASSIFICATION for the Automobile designated herein is amended to read as follows: _____
- ☐ 5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.

☒ 6. Automobile(s) ADDED —

*Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principal Garage in (Town, State)	*Purpose of Use	Rating Classification
75 DODGE P/U	D11BE55164505.	GVW3145		MENDHAM, NJ	C	034986
						1.40
List Price	Actual Cost	Purchased Mo./Yr. New-Used	Sym- bol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

T-25

SCHEDULE

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

*(Insert X in applicable column)				ACV means Actual Cash Value		PREMIUMS		
*Include	*Delete	*Amend Limits	COVERAGES	LIMITS OF LIABILITY		ANNUAL	ADDITIONAL	RETURN
			Bodily Injury Liability	\$ 500,000 each person				
			Medical Payments	\$ 500,000 each occurrence	\$ 95	\$ 19	\$	
			Property Damage Liability	\$ 500,000 each person	\$ 26	\$ 5	\$	
				\$ 500,000 each occurrence	\$ 87	\$ 17	\$	
			Uninsured Motorists	\$ 15,000 each person				
				\$ 30,000 each accident	\$ 2	\$	\$	
			Comprehensive	\$ ACV unless amount stated				
				less \$ deductible	\$	\$	\$	
			Collision	ACV less \$ deductible	\$	\$	\$	
			Fire, Lightning or Transportation	\$ ACV unless amount stated	\$	\$	\$	
			Theft	\$ ACV unless amount stated	\$	\$	\$	
			Combined Additional	\$ ACV unless amount stated	\$	\$	\$	
			Towing	\$ each disablement	\$	\$	\$	

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, coverages, exclusions, or limitations of the policy, other than as herein stated. This endorsement shall not be binding unless countersigned by a duly authorized agent of the company.

Countersigned by.....

CONFIDENTIAL

HARTFORD000625

Confidential - Subject to Protective
Order

HFBKPLAN015206

SA 3515

W/F \$44.00 2/10/75
WILSON & ALLEN "C. 25-0480



THE HARTFORD

UNDERWRITING COPY SAID

Named Insured and Address

BOE SCOUTS OF AMERICA NATIONAL COUNCIL
BRIDGE PLAZA, N.J.

This endorsement forms a part of Policy No. 10 C 4419028
issued by THE HARTFORD INSURANCE GROUP company designated
therein, and takes effect as of the effective date of said policy unless
another effective date is stated herein.

Effective date 6/1/75 to 9/30/75 12:01 A. M., standard time
at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

AUTOMOBILE PHYSICAL DAMAGE INSURANCE

IT IS HEREBY UNDERSTOOD AND AGREED THE FOLLOWING VEHICLES DESCRIBED
BELOW, COMPREHENSIVE IS ELIMINATED:

#	YE	MAKE	MODEL	ANNUAL	P/R
18	74	CHEV	CARTELL	53.00	13.00
23	72	CHEV	CARTELL	21.00	5.00
24	72	CHEV	CARTELL	21.00	5.00
25	73	CHEV	CARTELL	30.00	7.00
26	73	CHEV	CARTELL	30.00	7.00
27	71	CHEV	CARTELL	27.00	14.00

P/R .249

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-1 B Printed in U.S.A. ISO:

CONFIDENTIAL

HARTFORD000626

Confidential - Subject to Protective
Order

HFBKPLAN015207

SA 3516

A/P 1 .00

10/21/AM WILSON & ALLER INC 250480

UNDERWRITING COPY SAID

Named Insured and Address

This endorsement forms a part of Policy No. **TO C A43342E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

BOY SCOUTS OF AMERICA
NORTH BRUNSWICK, N.J.

Effective date **8/31/75 - 1/1/76** 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

AUTOMOBILE PHYSICAL DAMAGE INS.

**IT IS HEREBY UNDERSTOOD AND AGREED THE FOLLOWING VEHICLES DESCRIBED
ON THE ATTACHED SCHEDULE ARE COVERED FOR COMPREHENSIVE ONLY FROM
8/31/75 TO 1/1/76.**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the ~~attorney~~ does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000627

Confidential - Subject to Protective Order

HFBKPLAN015208

SA 3517

A/P 140...
10/21/88 WILSON & ALLEN INC 250680

This endorsement forms a part of Policy No. **10 C A43342E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

BOY SCOUTS OF AMERICA
NORTH BRUNSWICK, N.J.

Effective date **6/1/75 TO 8/31/75** 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY

IT IS HEREBY UNDERSTOOD AND AGREED THE FOLLOWING VEHICLES DESCRIBED ON THE ATTACHED SCHEDULE ARE COVERED FOR LIABILITY ONLY.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000628

Confidential - Subject to Protective Order

HFBKPLAN015209

SA 3518

10/21/RM WILSON & ALLEN INC 250480

R/P, 198.00

10 C A43342E

Named Insured and Address

BOY SCOUTS OF AMERICA

NORTH BRUNSWICK N.J.

This endorsement forms a part of Policy No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

1/1/75

Effective date 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

AUTOMOBILE PHYSICAL DAMAGE INSURANCE

IT IS HEREBY UNDERSTOOD AND AGREED THE FOLLOWING VEHICLES DESCRIBES BELOW, COMPREHENSIVE COVERAGE ARE DELETED :

#		COMP
23	72 CHEV CARRYALL #CCE262F174130	28.00
24	72 CHEV CARRYALL #CCE262F162143	28.00
25	73 CHEV CARRYALL #CCZ263F171514	52.00
26	73 CHEV CARRYALL #CCZ263F171671	52.00
27	71 CHEV CARRYALL #CS261F650350	38.00
		<u>\$198.00</u>

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-B Printed in U. S. A. 10-65 NBCU:

CONFIDENTIAL

HARTFORD000629

Confidential - Subject to Protective Order

HFBKPLAN015210

SA 3519

Schedule of Automobiles and Covered Automobiles

10/21/RM WILSON & ALLEN INC 250400

This Schedule forms a part of Policy No. **10 C A43342E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date **8/31/75-1/1/76**
12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Box Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New-Used	Crash Coverages		Physical Damage Coverages						Towing and Labor Costs
						BI Liab. Prem.	PD Liab. Prem.	Hum. Coll. Cov. (Insert Applicable Symbols)	Aut. or "ACV" (Actual Cash Value)	Deductible if any	Rate	Premiums (each covered automobile)		
						Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Aut. or "ACV" (Actual Cash Value)	Deductible if any	Rate	Premium		
	Location (Town, State)		Rating Territory	Rating Class	Original Cost New or Rating Symbol									
18	74 CHEV CARRYALL CGZ264F178865			C		\$	\$	0	\$	\$		\$ 18.00	\$	
	ORRINGTON, MAINE		10	SCA	5080	\$	\$		\$	\$		\$	\$	
23	72 CHEV CARRYALL CCE262F174138			C		\$	\$	0	\$	\$		\$ 7.00	\$	
	ORRINGTON, MAINE		10	SCA	3700	\$	\$		\$	\$		\$	\$	
24	72 CHEV CARRYALL CCE262F162143			C		\$	\$	0	\$	\$		\$ 7.00	\$	
	ORRINGTON MAINE		10	SCA	3700	\$	\$		\$	\$		\$	\$	
25	73 CHEV CARRYALL CGZ263F171514			C		\$	\$	0	\$	\$		\$ 10.00	\$	
	ORRINGTON MAINE		10	SCA	4000	\$	\$		\$	\$		\$	\$	
26	73 CHEV CARRYALL CGZ263F17143			C		\$	\$	0	\$	\$		\$ 10.00	\$	
	ORRINGTON MAINE		10	SCA	4000	\$	\$		\$	\$		\$	\$	
2.	71 CHEV CARRYALL CS261F650350			C		\$	\$	0	\$	\$		\$ 9.00	\$	
	ORRINGTON, MAINE			SCA	5252	\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	

Automobile

Schedule of Automobiles

(Not Available in California *P & B - Pleasure and Business, C - Commercial

LOSS PAYEE - IDENTIFY BY UNIT OR ENTRY NO.

No. Name and Address of Loss Payee

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

P/R-337

A-3471-0 Printed in U. S. A.

CONFIDENTIAL

HARTFORD000631

Confidential - Subject to Protective Order

HFBKPLAN015212

SA 3521